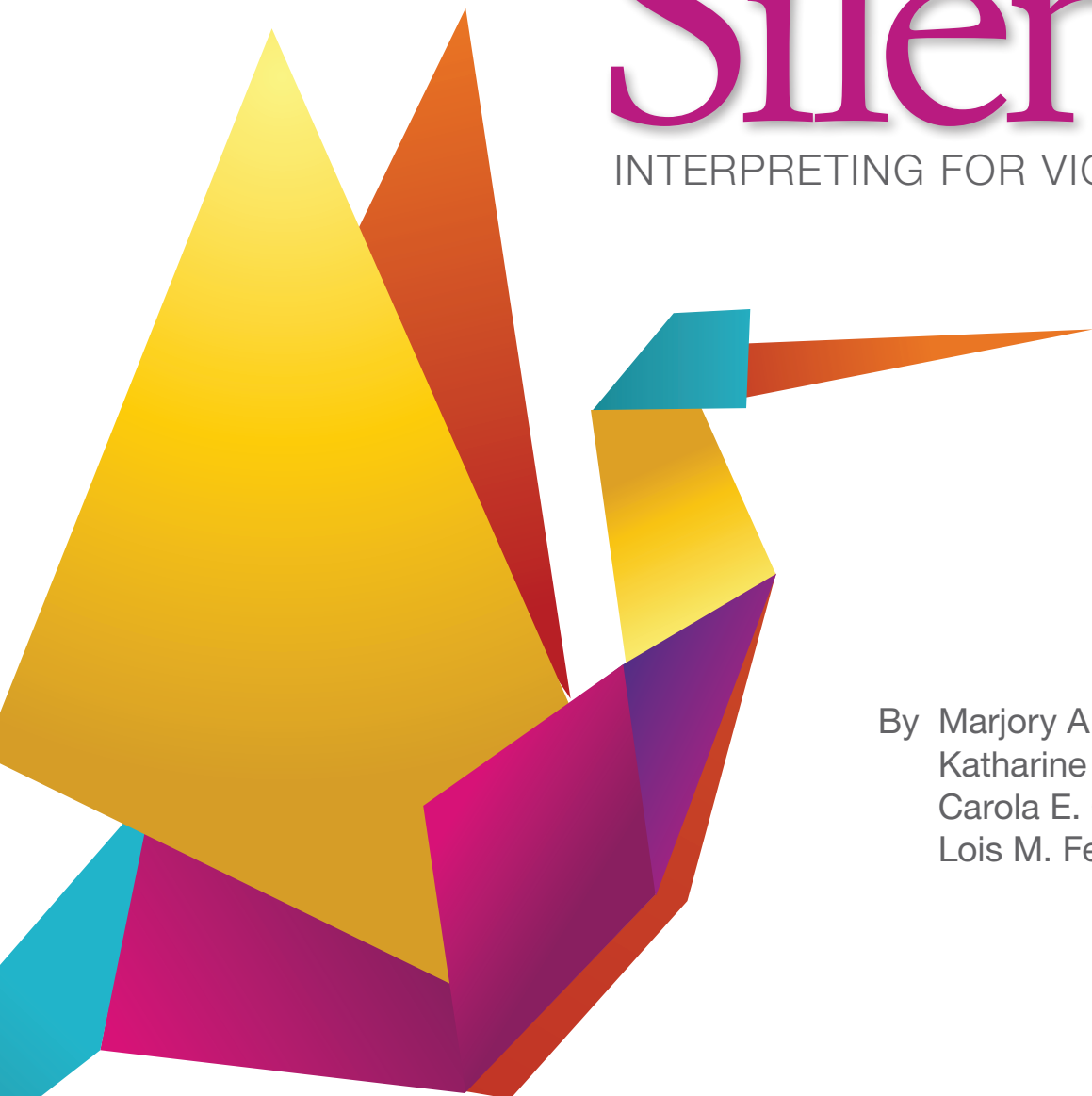


Breaking Silence

INTERPRETING FOR VICTIM SERVICES



By Marjory A. Bancroft, MA
Katharine Allen, MA
Carola E. Green
Lois M. Feuerle, PhD, JD

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A Workbook of Role Plays and Exercises

by

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CONTENTS

Note: This workbook is intended only to be used with the training manual it supports, which is called *Breaking Silence: Interpreting for Victim Services, A Training Manual*. Each of the activities and role plays in this workbook can be used in training sessions or for independent study by interpreters who have read the training manual.

MODULE 1	AN OVERVIEW OF VICTIM SERVICES	1
	Introduction	1
	1.1 Victim Services, Victimology and Victimization.....	3
	1.2 Common Settings for Victim Services	4
	1.3 Impact of Crime	7
MODULE 2	VICARIOUS TRAUMA AND SELF CARE	11
	Introduction	11
	2.1 Stress and Vicarious Trauma.....	11
	2.2 Techniques for Reducing Stress and Trauma	15
	2.3 Writing a Self-care Plan.....	18
MODULE 3	INTERPRETING SKILLS AND MODES	21
	Introduction	21
	3.1 Mode Switching.....	21
	3.2 Techniques for Sight Translation	24
	3.3 Summarization	28
MODULE 4	NOTE-TAKING FOR CONSECUTIVE INTERPRETING	33
	Introduction	33
	4.1 Note-taking Techniques	33
	4.2 Develop Symbols and Abbreviations.....	35
	4.3 Practice Consecutive Interpreting Note-taking.....	36
MODULE 5	SEXUAL ASSAULT AND DOMESTIC VIOLENCE	37
	Introduction	37
	5.1 Interpreting for Survivors of Sexual Assault and Domestic Violence	37
	5.2 Strategies for Adapting Ethics.....	42
	5.3 Interpreting Protocols for Sexual Assault and Domestic Violence	45
MODULE 6	TECHNIQUES TO PROMOTE SURVIVOR AUTONOMY	53
	Introduction	53
	6.1 Techniques for Mediation.....	53
	6.2 Strategic Mediation Techniques in Legal and Community Interpreting.....	59
	6.3 Decision-making and Survivor Autonomy.....	64
MODULE 7	CULTURAL MEDIATION	71
	Introduction	71
	7.1 Unconscious Bias	74
	7.2 Cultural Communities and Cultural Concerns.....	76
	7.3 Effective Cultural Mediation	80

MODULE 8	TERMINOLOGY IN VICTIM SERVICES	83
	Introduction	83
	8.1 Setting-specific Terminology	83
	8.2 Strategies to Enhance Terminology	89
	8.3 Specialized Victim Services	92

MODULE 1

AN OVERVIEW OF VICTIM SERVICES

LEARNING OBJECTIVES

LEARNING OBJECTIVE 1.1

Discuss victim services, victimology and victimization.

LEARNING OBJECTIVE 1.2

Differentiate among common settings for victim services and the characteristics of those settings.

LEARNING OBJECTIVE 1.3

Explore the impact of crime on victims of crime.

ICEBREAKER

INSTRUCTIONS

1. Look at the grid below. As you wait for the training program to begin, introduce yourself to other interpreters in the room and carry this workbook with you.
2. Find at least five interpreters who can sign their first name in one of the boxes that describes them.
3. Try to fill in at least five boxes before the program officially begins.

Speaks three or more languages.	Has lived in the United States for less than three years.	Has interpreted in a country other than the United States.
Has lived in three or more U.S. states.	Has been the victim of a crime.	Lives in Washington, DC.
Has performed translation for pay.	Works (or has worked) as a victim service provider.	Has a relative who also interprets.

Activity 1.1 (a)**INSTRUCTIONS**

1. In pairs, preferably with the same working languages, decide which words you would use to interpret the following terms into your other working language(s):
 - a. Victim
 - b. Survivor
 - c. (Victim) Advocate

Next, look at the definitions for each term that your instructor will display on a slide. Then, with your partner, decide

- (a) If you would change any of the terms that you chose in your other working language(s) to interpret *victim*, *survivor* and (victim) *advocate*.
- (b) If so, state which of the terms you would now interpret differently, and why.

Activity 1.1 (b): The Interpreter's Role**INSTRUCTIONS**

1. Your instructor will put you into several groups of five or more depending on the class size.
2. Each group will get a set of printed cards that lists the actions in which interpreters commonly engage.
3. As a group, decide in which order the actions should be listed, starting with actions that are least disruptive or intrusive to the communication process and ending with those that are most intrusive/disruptive.
4. For example, "*The interpreter limits his or her activities to interpreting,*" is the least intrusive action and goes near the front, where as, "*Advocate for the victim,*" is much more intrusive and/or disruptive and would go near the other end of the row or line of cards.
5. Lay the cards out on the table or floor in the order decided on by your group.
6. Once the order has been set, decide as a group if any of these actions are also inappropriate for the interpreter to do.

Once every group has decided on the order, the instructor will select one group's cards to discuss, and the class as a whole will decide the final order.

1. A cultural issue is causing a problem with the communication. The interpreter intervenes to explain the cultural issue (for example, the victim won't attend a support group for religious reasons because both men and women will attend).
2. The interpreter limits his/her activities to interpreting.

3. The interpreter assists the victim after the meeting, for example, by helping the victim access another service or answering any questions the victim has about what the caseworker said.
4. The interpreter engages in advocacy for a victim/survivor after a provider was rude and insulting to the victim.
5. The interpreter asks for clarification if s/he senses that the survivor might not understand what is being said.
6. The interpreter asks for clarification whenever s/he doesn't understand or can't interpret what is said or signed.
7. The interpreter assists the survivor in any way possible.
8. The interpreter intervenes when there is a linguistic misunderstanding (for example, a term has no equivalent in the victim's language).
9. The interpreter requests clarification when s/he is concerned that the victim does not understand the provider but only if s/he thinks that not intervening could have a greater negative consequence than intervening.

Activity 1.2 (a): Matchup Activity—Victim Service Providers

INSTRUCTIONS

1. Your group will be divided into pairs.
2. This activity is a contest! See which pair finishes first.
3. Refer to Section 1.2 of your training manual to find the answers for this activity.
4. In the blank line beside each service, write the letter corresponding to the most appropriate provider for that service.
5. Note that there is one *most* appropriate provider for each activity listed. While more than one answer is sometimes possible, there is at least one very appropriate service provider for every description on the left.
6. The first pair to finish this matchup exercise wins!

- | | | |
|--|-------|---|
| 1. Meeting a sexual assault victim at hospital. | _____ | a. SANE nurse |
| 2. Doing an initial legal intake of a crime victim for a nonprofit legal service. | _____ | b. LCSW-C |
| 3. Counseling an adult survivor of child sexual abuse. | _____ | c. Attorney |
| 4. Determining a legal course of action for a victim. | _____ | d. Victims of Crime Compensation Office clerk |
| 5. Assessing a victim's claim for monetary reimbursement through compensation funds established by law for crime victims. | _____ | e. Detective |
| 6. Conducting a Sexual Assault Forensic Exam. | _____ | f. Paralegal |
| 7. Helping a survivor obtain social services and any other benefits or services needed to help the survivor heal and find justice. | _____ | g. Bilingual caseworker |
| 8. Doing intake for services in another language. | _____ | h. Grief counselor/ grief therapist |
| 9. Comforting a survivor of a marathon bombing at a family reunification center (in a recreation center or school). | _____ | i. Case manager |
| 10. Providing support for a homicide survivor (a family member of a murder victim) who identifies the loved one's body at the Office of the Chief Medical Examiner (the morgue). | _____ | j. Advocate |
| 11. Investigating a rape case. | _____ | k. Disaster response responder |

Activity 1.2 (b): True or False

INSTRUCTIONS

1. Circle T or F for true or false beside each statement.
2. Refer to Section 1.2 of your training manual to find answers for this activity.

1. Trafficking is always about sex slavery.	T	F
2. Forensic medical exams are only for rape victims.	T	F
3. Bilingual police officers in many jurisdictions, including the District of Columbia, may (after appropriate testing) provide interpreting services.	T	F
4. Victim assistance network includes both nonprofit and government services.	T	F
5. Victim compensation offices, like the one in District of Columbia, can be housed inside a courthouse.	T	F
6. <i>Loss</i> means something different than <i>traumatic loss</i> .	T	F

Activity 1.2 (c): Victim Service Providers

INSTRUCTIONS

1. Based on your review so far of Section 1.2, consider the different victim services described there.
2. What do they have in common? In the lines below, write at least three ways in which you think victim service agencies and programs are similar, despite their differences.

Activity 1.3: Impact of Crime: Role Plays

1. Your instructor(s) will demonstrate part of the first role play for you.
2. You will then be divided into same-language role play groups and given a number (1, 2 or 3). Remember your number.
3. When you play the victim or service provider, *read the entire text that you are given and do not pause.*
4. Do NOT stop the role play until the end. *Do not help the interpreter if he or she gets stuck or pauses while interpreting.* Do not comment. Do not break frame. Simply read your role out loud.
5. When you are the interpreter, use a hand or other gesture to ask the speaker to pause if you need to interpret.
6. Those partners who are reading the script out loud should not pause unless the person who plays the interpreter requests a pause.
7. When your instructor gives the signal, switch roles. If #1 played the interpreter, the next time #2 will play the interpreter, and after that #3 will play the interpreter. (You may distribute the other two roles as you wish.)

Role Play #1: The Advocate and the Rape Victim

PART 1

ADVOCATE: Hi, my name is Amanda Britten, I was sent by the Sexual Assault Crisis Center.

SURVIVOR: Why—why are you here?

ADVOCATE: I'm an advocate who's called in whenever somebody has asked for a sexual assault exam. You seem a bit nervous and upset. Has anyone upset you?

SURVIVOR: (*confused*) But—I didn't ask for an exam. The police brought me here. I didn't ask for any exam or any advocate.

ADVOCATE: Sure, I understand, I'm sure this is very confusing for you. It would confuse anyone. So let me explain a little about what I do here. My services start at the hospital, and I'm here for your emotional support and to make sure you're as comfortable as you can be during the exam.

SURVIVOR: What exam?

ADVOCATE: So the police didn't tell you anything about the exam?

SURVIVOR: Maybe they tried, but they didn't have an interpreter like you do. Mainly they asked questions. They had a bilingual officer, and I didn't really understand him. He doesn't speak the same as me, and his accent was real hard to understand.

ADVOCATE: Okay, well don't worry, I'll tell you everything you want to know about the exam in just a minute, but we also have wonderful lawyers who can

help you if you want. Let's talk about that later. Right now, I can get you snacks and blankets and anything you need here at the hospital.

SURVIVOR: *(starts to cry very quietly and sits down on the floor and rocks herself)* No. I don't need anything. I don't want anything. I just want my life back.

ADVOCATE: *(sits down on the floor beside her)* I can totally understand how coming here would make you feel. Anyone would feel upset in this situation. Do you feel safe right now?

SURVIVOR: *(looks up)* Yes.

ADVOCATE: I'm glad you feel safe, and I'm glad you're able to share how you feel right now. Let's talk a little about what I can do. Basically, how it works is that my services will end either when you're admitted here or when you leave the hospital, but I can also give you a ride to wherever you need to go. And if you need a safe place to stay, I can find a way to work on that while you are here. And then you can call me or see me at the office if you want.

SURVIVOR: No, no. *(Chokes.)* I just want to go home.

ADVOCATE: Sure, sure. And if you leave today and you don't want to talk to me again, that's fine too. I'm here for whatever you need.

SURVIVOR: No, you are very nice. I'm not mad at you.

PART 2

If you haven't switched roles yet, switch here. Partner #2 will play the interpreter. (Let the other two play the advocate and the survivor as they choose.)

ADVOCATE: Okay, I'm glad to hear that. Because we also have follow-up services, so you can still see me if you want. I'll check in once a week or so if that's okay with you, and I can get you help with therapy or housing. Did you know there's a crime victims' compensation program?

SURVIVOR: What's that?

ADVOCATE: It's a fund of money to help crime victims with the costs. So for example, right now you have to give up your clothes for evidence....

SURVIVOR: *(cries)* What are you saying? You mean, I lose my blouse? My mother gave me that blouse. My mother is dead. And they're going to take it away from me forever?

ADVOCATE: *(gentle voice)* I'm so sorry to hear that. I know money can't buy another blouse that your mother gave you. But the crime victims' fund can give you money to compensate for any clothes that are given up for evidence, and any other costs related to the assault. Like, if you had to move, there are funds for moving. Or if you don't have health insurance, your medical bills can be covered by the crime victims' compensation program. And I can work as a kind of liaison between them and you to make everything easier.

SURVIVOR: Yes, please. But what about the police. I don't think they understand me.

ADVOCATE: If you need any kind of legal help, like a criminal protection order or help with your case, there are lawyers in my office who can help with that. And they are crime victim's rights attorneys, so this is what they do. They represent you and make sure you know your rights, and during a criminal case they're really there for you. The government will have a lawyer for you, too, but those lawyers work for the government, and their job is to prosecute your crime, so it's not exactly the same thing as what we provide. So if you're interested in having someone who is a lawyer who is fully present for you, that is an option. They work free of cost, so you wouldn't have to worry about that.

SURVIVOR: I understand. But this exam, you said you'd tell me something about it.

PART 3

Switch roles again unless your instructor has given a signal to switch. Let Partner #3 play the interpreter and let the other two divide up the survivor/advocate roles as they choose.

ADVOCATE: Okay, sure. The exam will take anywhere from about two to four hours, and it will start with an interview. The nurse is going to ask you about your past medical history. And just to get an idea to make sure there's nothing else we need to treat while we're here today, she'll have some questions about your sexual health and other partners you may have had. She needs to know if there's somebody else's DNA because she's collecting evidence. She needs to be aware of a lot of things, and you'll have to be patient with the nurse because she writes down what you say word for word because it's very important that we have your own words. It may go to court in a court record.

SURVIVOR: But the exam. What are they going to check?

ADVOCATE: Well, first they do a head-to-toe exam. The nurse will just check for scrapes or bruises or abrasions that you may not be aware of, that came before the assault. Or during the assault. And if it's okay with you, she'll take pictures of them. And after that she'll collect DNA.

SURVIVOR: How? I don't understand.

ADVOCATE: Well, she uses kind of like a big Q-tip, and she brushes it over various parts of the body that may have come in contact with your assault. And she rubs it on a slide that gets sent to the crime lab. And if there's any part of the exam you're not comfortable with you can just say so and the nurse won't do it.

SURVIVOR: Really?

ADVOCATE: Absolutely. It's your choice. And then there's a vaginal exam, it's kind of like an OB-GYN exam. And then they'll check inside you and also do some swabs there to collect any DNA that might be inside you. And after that the nurse will be finished and she'll give you some medications that might be best for you given the assault that occurred.

SURVIVOR: And then I can go home?

ADVOCATE: Yes! And I can drive you if you want.

MODULE 2

VICARIOUS TRAUMA AND SELF CARE

LEARNING OBJECTIVES

LEARNING OBJECTIVE 2.1

Compare and contrast stress and vicarious trauma for interpreters.

LEARNING OBJECTIVE 2.2

Practice techniques to manage the interpreter's emotional responses before, during and after victim services encounters.

LEARNING OBJECTIVE 2.3

Write a self-care plan for interpreting in victim services.

Activity 2.1 (a): Role Play: The Rape in the Car

INSTRUCTIONS

1. *Please be aware this role play about sexual assault contains difficult, distressing and painful content.* Do not act out this role play if you have a past history of sexual or other trauma unless you are very sure that you are comfortable doing so.
2. If so, act out the role play according to the directions from your instructor.
3. You may briefly discuss who is most comfortable playing the survivor. If you have any concerns that no one in your group wishes to do so, ask your instructor for guidance.
4. Those who play the therapist and survivor may wish to read through the quickly to get a sense of the content before they begin acting out the role play. Try to be realistic in your acting.
5. As before, the person who plays the survivor will sight translate the text into his or her other working language, if appropriate.

6. If you play the interpreter, monitor your performance to note which parts of this session are emotionally challenging for you to interpret.
7. Be prepared to say why some parts of this encounter might be difficult to interpret.

This role play takes place a little more than halfway through a 50-minute session with a sexual assault therapist.

THERAPIST: So how has the semester been going?

SURVIVOR: Not so great. It's like I'm getting stressed out over nothing, just the tiniest things set me off, and finals are coming up so I should be studying but instead—instead—*(Dead silence falls for two minutes. Observe how the interpreter handles the silence but do not explain anything to the interpreter.)*

THERAPIST: *(very soft voice)* Where are you right now?

SURVIVOR: *(silent for another 30 seconds; then she shivers and shakes her head—her eyes are closed)* I'm thinking about being stuck in that car and not being able to get out. *(cradles herself in her arms and slowly starts to rock herself)*

THERAPIST: Where do you feel that in your body?

SURVIVOR: *(begins to choke)*

THERAPIST: Are you feeling a tightness or something you want to protect right now? Would you put your hand there? *(survivor puts her hand on her throat)* Would you want to feel less vulnerable? For your physical position to feel less vulnerable? If you can't focus on your body, maybe you can tune into that feeling, and that's all you can do right now and that's okay.

SURVIVOR: I'm keeping so busy right now. College, the job, taking care of my mom cause she's sick. I'm working all the time cause I don't want to think about what about all this—what I'm going through right now. I don't, I won't—*(stops cold)*

THERAPIST: *(voice will stay very soft for the rest of the session)* It seems like you're overwhelmed. Do you want to wiggle your fingers and toes? Remember how last week you were really able to get back in the room and back into your body by wriggling your fingers and your toes? Do you want to try and see what happens?

SURVIVOR: *(groans, then moans, but wriggles her fingers and toes)*

THERAPIST: Okay. Let's check in again. Where are you now? It looked like you were really scared there. On a scale of 1 to 10 where is your fear?

SURVIVOR: *(bursts into tears)*

THERAPIST: Let out what you want to let out. Right in this moment you're here, you're not there, and that makes you safe. Feel comfortable to let out what you need to let out. I'm going to be here with you throughout that process.

SURVIVOR: *(gasping, abdomen seems to clench, leans forward, eyes closed, crosses arms to opposite shoulders and lets out harsh gasps)*

THERAPIST: Ana, you know you know that time we did that deep breathing together? Why don't we try that? Put your hands near your heart. You can feel it, your heartbeat hasn't changed, it's faster but it's still there and let's just breathe together. Is it okay if I count the breaths so we can do it together? (*Breathes in counting one-two-three-four—then out—one-two-three-four. Four times.*)

SURVIVOR: (*Her eyes are still partly closed and she doesn't answer but does do the deep breathing on the therapist's count. At first her breathing slows down but then she grunts then low screaming—then animal noises.*)

THERAPIST: You know, it seems like there's more that wants to come out. It's okay for you to let that come out right now. This is a safe place to let that come out.

SURVIVOR: (*She continues the animal-like noises for one or two minutes while clutching her abdomen very tightly; then slowly she calms down. Her rapid, panting breathing eases and she gradually comes back to a stable state. But it takes two full minutes to happen.*)

THERAPIST: Wow, you just went through a lot there. What was that like?

SURVIVOR: When I was in the car I couldn't breathe, I really couldn't I couldn't breathe and I was gasping and I could smell his cologne and soap and sweat, his neck was sweaty, he was so heavy and I couldn't breathe. I thought I was going to die I couldn't breathe, I couldn't breathe. I wasn't able to fight back. I wasn't able to get him off me.

THERAPIST: What do you want to do with that? Do you want to know what it feels like, what it would feel like to push him back with your arms?

SURVIVOR: (*doesn't answer but looks directly at the therapist—her breathing is irregular again, a bit jagged, a bit gasping*)

THERAPIST: Why don't you right now begin to put your arms near your chest (*therapist actually does this herself, to mirror the actions for the survivor*) and really feel the weight like it's there. What would it feel like to use your own personal force? What would it feel like to push back and to feel that are you using your arms your legs? What parts of your body are you using now to push back? Is that something different? I'm right here with you.

SURVIVOR: (*using her arms to push back, eyes partly closed*)

THERAPIST: Is that working?

SURVIVOR: (*nods; her breathing is slowing down and becoming a little more regular*)

THERAPIST: Is there another part of your body you want to push with? Do you want to use your legs or your thighs? Or your thighs?

SURVIVOR: (*pushes*)

THERAPIST: Okay, you're using your body right now you're pushing back. Do you want to say anything? You're safe right now, he can't push any harder. Is there anything do you want to say? Do you want to say, "Get off of me mother fucker?" Or do you want to say, "Stop!" You're free to say whatever you want, you're in a safe place right now.

SURVIVOR: (*closes her eyes and screams*) Get off me, get away, don't ever touch me! EVER EVER EVER!

THERAPIST: Open your eyes. I'm here. Look at me right now and see where you are. Let's look around the room and tell me five things you notice in the room.

SURVIVOR: (*whispering in a husky voice and hugging herself*) Uh—the painting. The—the vase. The cushion, the embroidery on the cushion. (*pause*) The crystal ball on your desk. (*longer pause*) The plant. (*She closes her eyes again.*)

THERAPIST: So why don't you open your eyes. Let's look at one another. Let's really take in the hard work you've done today, how much courage it really took you to go to that place and everything you accomplished. You've been through a lot. What are you going to do for yourself tonight?

SURVIVOR: (*sounding dazed*) I—I don't know.

THERAPIST: (*sounding a bit firmer than before*) This is something we've talked about. You've talked about how you like taking a hot bath when you're overwhelmed and just soaking in it. Or putting on a CD and just dancing to it. Or calling your sister in California to chat. Or going out with a friend. Remember those things? Do you want to call your friend after you leave and see if you could go for a walk with her? Or would it nice to go out to dinner with her?

SURVIVOR: Yes, I think I want to call her. I want to see if she's free. And maybe go to those gardens together, we like to talk there. It's very relaxing and peaceful there.

THERAPIST: Oh, I think that's a great idea! I want to support you in that, I really do. That sounds lovely. So when you come in next week let's talk about what it was like to do that, if you can, and what else you did to take care of yourself.

ACTIVITY 2.1 (b): Stress vs. Vicarious Trauma

INSTRUCTIONS

1. In the following table, rewrite the words on the left under one of the two columns on the right, STRESS or VICARIOUS TRAUMA, according to whether you think these responses are more likely to apply to interpreters who are *stressed* or interpreters who might be experiencing *vicarious trauma*—or both. (Be aware that in real life there is not always a clear line to draw between symptoms of stress and vicarious trauma.)
2. If you are not sure, you may choose to write the words in both columns or neither column.
3. Do not consult your manual for answers until *after* you have completed this exercise.
4. As you compare your answers below with those in Part 2.1 of the training manual, do you disagree with any parts of the table in your training manual?

STRESS vs. VICARIOUS TRAUMA		
	STRESS	VICARIOUS TRAUMA
Heart pounding		
Flashbacks of the story		
Irritation		
Nausea		
Tuning out/spacing out		
Anger		
Taking your feelings out on colleagues (snapping, being irritable)		
Dizziness/light-headedness		
Shakiness		
Emotional numbness		
Disruption of eating patterns		
Inability to continue interpreting		
Reporting problems to supervisor		
Intrusive thoughts		
Insomnia		
Frustration		

Activity 2.2 (a): Self-Care Techniques for Victim Services Interpreters

INSTRUCTIONS

1. Your instructor will direct you to a list of techniques in Part 2.2 of your training manual that address what you could do before, during and after a session to reduce stress and reduce or prevent vicarious trauma.
2. In pairs or groups of three, examine those three lists.
3. Now select at least two or three techniques or strategies from each list that you think might be most helpful for you when you interpret for victims of crime, and write them in the blank lines below.

Activity 2.2 (b): *Your Strategies for Self Care*

INSTRUCTIONS

1. Stand up in pairs and face your partner.
2. Your instructor will now read a story read out loud (see below). It is a traumatic story of a rape that happened to a teen girl in the United States.
3. Each time the instructor pauses, take turns interpreting what you hear to your partner (whether or not your partner knows your language).
4. As you listen and interpret, note your emotional and physical responses.
5. At the end of the role play, after you sit down, write down in the first set of blank lines below as many of those responses as you remember.
6. Now imagine you would really have to interpret a story like this for a rape victim at the hospital.
7. Consulting your partner and Module 2, Part 2.2 and 2.3 of this manual, but without consulting your answers to the previous activity, discuss what self-care strategies you could do *before, during and after a session like this one*.
8. Now compare the list of self-care techniques you wrote for this activity with the one you wrote for the previous activity. Are the two lists any different? Why or why not?

Emotional and physical responses

Self-care techniques that might help you for a session like this one:

Before the session

During the session

After the session

A Teen Rape Story

I need advice. What do u do if you were raped. i got raped by this 19 year old boy at my school 1x and sexually assaulted by him and his friends 1x. The time he and his friends sexually assaulted me we were at a school pool party. [BTW he is one of the coolest kids at school he has a sex company and he and his posse have sex with women if they come to his house sometimes even rape them if they refuse.]

So we were at a school pool party. And i was in the pool and they asked if i wanted to have sex with them later after school. I refused. So they came in the pool and put their arms around me and touched me everywhere on my boobs my vagina they even put their finger up my pussy. They tried to rape me in the water but i screamed. They put my head under water i thought id drown. Then when i was trying to breathe they pulled down the top part of my bathng suit and started licking my boobs and sucking them and doing more immoral stuff i finally got away they kept assaulting me sexually till i thought if i just did it with them they would just leave me alone. So i went to the 19 year olds house and we were laughing and we all had a beer and we went they put a blindfold on me and took me to the bedroom they threw me on the bed and handcuffed me to the bed. i asked, "what's goin on guys" then they started taking my clothes off i told him to get off of me. i said plz stop they kept going. Then he put his dick in my vagina i asked him to stop continuously he kept going. ten seconds later it hurt like hell i said ok come on guys stop that's actually starting to hurt now. then i started to cry pleading then they were talking to someone as i was crying thats when i noticed thy were recording it i started to scream they got a gun and pretended to shoot me. They started laughing at me and giving me oral sex and i tried to kick but he made three more guys come in he said to one guy hold her legs open so I can get my tongue to her u no what. he told another guy to hold his penis over my mouth and the last guy to lie across the

bed and lick my boobs and hold the others guy's penis in her mouth and he told all of them if she refused kill her then told me, "Refuse and don't act like u enjoy it u die." and i said take my blindfold off and my handcuffs and I can enjoy it and they agreed and we also agreed if i tried to escape i die and i had to have sex with them. And you want to know the extremely sad part he used to be my best friend ever til those guys brainwashed him what should i do he is in prison for life with his friends but should i kill myself because they will always know what my boobs look like and vagina and all, it's torture.

Activity 2.3: My Self-Care Plan

INSTRUCTIONS

1. On the following page, you will find a table for your self-care plan, organized into two sections: Long-term and Short-term.
2. In each section, write at least one SMART objective.
3. Over the course of this training program, you will be asked to add at least eight objectives (into any box or column).
4. Remember that if it is not at least 70 percent likely that you will carry out a proposed activity, it is probably not realistic: Don't include it.
5. Remember, too, that self-care is supposed to be fun, not punishment (especially long-term self-care). Avoid activities you do not enjoy at all.
6. You can refer to the rubric and examples below to remind you what a SMART objective is and how to write one.

S	Specific
M	Measurable
A	Appropriate action
R	Realistic
T	Time-bound

EXAMPLES

Objectives that are *not* SMART:

- *I will spend more time meditating.* (Too vague, general, not time-bound or measurable).
- *I will work out often.* (Is that realistic? Specific? Measurable? Where and how would this happen?)
- *I will look at my self-care plan.* (When? Where? Under what circumstances?)

SMART Objectives:

- *I will engage in deep breathing for 15 minutes at least five mornings a week in my den before breakfast.*
- *I will read my self-care plan at least once in the car right before any victim services encounter that I know could be stressful or traumatic.*

MY SELF-CARE PLAN <i>for Victim Services Interpreting</i>			
Long term	Short term		
Wellness objectives	Before the encounter	During the encounter	After the encounter
1. Activity & exercise SMART objective:	SMART objective:	SMART objective:	SMART objective:
2. Adequate sleep SMART objective:	SMART objective:	SMART objective:	SMART objective:
3. Eating well SMART objective:	SMART objective:	SMART objective:	SMART objective:
4. Relaxation (e.g., meditation, prayer, deep breathing, etc.) SMART objective:	SMART objective:	SMART objective:	SMART objective:
5. Other SMART objective:	SMART objective:	SMART objective:	SMART objective:

MODULE 3

INTERPRETING SKILLS AND MODES

LEARNING OBJECTIVES

LEARNING OBJECTIVE 3.1

Identify and practice the appropriate use of consecutive, simultaneous and sight translation modes in victim services through mode-switching activities.

LEARNING OBJECTIVE 3.2

Apply basic sight translation guidelines to common forms and documents that are used in victim services.

LEARNING OBJECTIVE 3.3

Identify and practice the appropriate use of summarization as a last-resort technique in victim services.

Activity 3.1: Switching Modes Role Play

INSTRUCTIONS

1. Your instructor will put you into groups of three.
2. This role play requires the interpreter to switch modes between consecutive and sight translation.
3. In the scenario, a case manager is reading questions off an online form from a computer screen. In the role play, the online text is indicated when it says, "Reading from computer screen."
4. When you play the interpreter, each time the case manager starts to read off the computer screen, you **MUST** intervene to switch positions so that you can see the screen to sight translate off of the text that is visible on the screen. In other words, you will need to be where you can see the questions the case worker is reading off the role play script, the "computer screen." ***DO NOT try to simply interpret consecutively each time the case manager reads out the questions.***

5. When you are the case manager, read the questions from the “computer screen” out loud, but then give the interpreter time to read through the question before he or she sight translates it.
6. When you sight translate, take time to read the sentence so that you perform the sight translation as smoothly as possible.
7. When you are not the interpreter, follow the role play as written so that the interpreter can practice switching modes.
8. If there is time, provide the person who plays the interpreter with feedback on the role play and then let another person in the group play the interpreter for the same role play.

Role Play: The victim updates her application for housing with the DC Housing Authority

Background: *The domestic violence victim is working with a case manager at a domestic violence center to update her application for subsidized housing with the DC Housing Authority.*

Right now, the case manager is in front of her computer, reading questions off the form and asking the victim for her answers. As the interpreter, you will need to find an effective, non-intrusive way to sight translate the questions off the screen whenever doing so is appropriate, and interpret the dialogue between the case manager and victim consecutively whenever doing so is appropriate.

CASE MANAGER: Thank you for coming in today. I know that there have been some changes in your living situation and that you need to update your application for subsidized housing with the DC Housing Authority. The form asks for a lot of information, but I’ll help you with all the questions.

VICTIM: Okay. I have been on the waiting list for public housing for a long time, and I don’t want to lose my spot just because my address has changed.

CASE MANAGER: It’s important to keep the Housing Authority updated. Now, let’s get started. I have the form here on my computer. The update form can be filled out online, so I’ll be filling in your answers as you give them to me. I already filled out your basic demographic information so we can shoot straight to the other questions.

VICTIM: Okay.

[Wait to see if the interpreter intervenes to switch positions to see the computer screen (i.e., the questions that the case managers is reading off the role play text, which is “the screen”). If the interpreter forgets, the case manager can ask them to switch positions.]

CASE MANAGER: First, there’s a list of statements about your current living situation, and you need to indicate whether each one applies to you. So basically I’m going to read each item on the list, and you can just indicate yes or no whether it applies to you.

[Reading from computer screen] I am homeless; living in transitional housing, living in a licensed shelter for the homeless, or not having a fixed address. Yes or no?

VICTIM: I am homeless, but my family is staying with my sister at her apartment.

CASE MANAGER: That counts as being homeless, and so I am going to mark yes for that question.

[Reading from computer screen] I have been displaced due to government action, disaster (such as fire or flood), or actions taken by owner. Yes or no?

VICTIM: My children and I had to leave our home because my husband became so abusive. It had nothing to do with the owner of the apartment.

CASE MANAGER: Do you have documents that prove you were a victim of the crime? Like police and medical reports?

VICTIM: Oh, yes, yes. I do.

CASE MANAGER: Okay, then I will definitely mark the next box here yes, because it says *I have been displaced due to recent or continuing domestic violence.*

VICTIM: Oh, okay.

CASE MANAGER: Next box. *I have been displaced due to recent or continuing hate crimes. Yes or no?*

VICTIM: Hate crime?

CASE MANAGER: That means a crime perpetrated by someone who was doing it out of prejudice against a particular race or religion, or your sexual orientation. Or where you come from, or your ethnicity or beliefs.

VICTIM: No, it was just my husband.

CASE MANAGER: Okay. What about, *I am unable to fully use my current housing due to inaccessibility of my unit because I or a member of my household has a mobility or other impairment. Yes or no?*

VICTIM: No, no.

CASE MANAGER: *I am living in a unit unfit for habitation and it has a building/ housing code violations. Yes or no?*

VICTIM: I don't think so, no.

CASE MANAGER: *I am currently paying more than 50 percent of my income towards rent and utilities.*

VICTIM: My sister is letting me stay in her home for free, I am not paying any rent.

CASE MANAGER: Okay. The next set of questions all start with *I and/or my spouse?* You no longer live with your husband or want to live with him, is that right?

VICTIM: That's right. I want to divorce him, and I will not live with him again.

CASE MANAGER: All right, then, you should answer this set of questions just for yourself, since your spouse is not living with you. *So I am currently working at least 20 hours per week. Yes or no?*

VICTIM: I am not.

CASE MANAGER: *I am currently self-employed. Yes or no?*

VICTIM: (*looking confused*) I—I don't think so, no.

CASE MANAGER: *I am attending a certified General Equivalency Diploma (GED) Program. Yes or no?*

VICTIM: No.

CASE MANAGER: *I am participating in a verifiable job training program. Yes or no?*

VICTIM: No.

CASE MANAGER: Okay. Well, the next one is about whether you are 62 or older, and I know the answer to that one. But are you disabled in any way?

VICTIM: No, no. I am healthy.

CASE MANAGER: That's it then. We can wrap this up, and I can submit this form electronically and we'll see what happens.

Activity 3.2: Sight Translation: A Sexual Assault Kit

INSTRUCTIONS

1. Your instructor will put you in language pairs or groups of three.
2. Each group member should take one document below (a different one for each person) and take a few minutes to prepare the document to sight translate.
3. The three texts below are all adapted from a brochure¹ explaining what a sexual assault kit is to victims of sexual assault. There are many different names for such a kit. (*See below.*) In Washington, DC, for example, it is known as a PERK: a Physical Evidence Recovery Kit.
4. First read the text and mark it up to highlight any difficult terms, complex sentences or other notation to help you give a smooth sight translation.
5. When ready or when your instructor tells you to start, take turns sight translating the page you have prepared.
6. If time permits, give each other reflective feedback on your performance.

¹ This brochure was published in 2011 by the National Center for Victims of Crime. It is available at <http://victimsofcrime.org/docs/default-source/dna-resource-center-documents/dna-sak-victim-brofinal.pdf?sfvrsn=2>.

Sexual Assault Kit Testing: What Victims Need to Know

What is a sexual assault kit (SAK)?*

A sexual assault kit, or SAK (pronounced “sack”), is a set of swabs, slides, envelopes, instructions, and forms specifically designed to collect and preserve physical evidence that can be used in a criminal sexual assault investigation.

What is collected in a SAK?

- DNA evidence, including blood, semen, and saliva, is collected from the victim’s body to aid in identifying the perpetrator and to demonstrate that physical contact occurred.
- Other physical evidence, including clothing fibers, fingernail scrapings, and hairs, may be collected.
- The victim’s clothing, particularly undergarments or clothing that have biological stains, may also be collected and considered to be part of the SAK.
- Blood will be collected from the victim to determine if blood stains belong to the victim or someone else.
- Urine may be collected for testing if a victim suspects she may have been drugged by the assailant.
- The victim’s account of the assault will be documented and photographs of any injuries will be taken.

*A sexual assault kit may also be called a rape kit, sexual assault evidence collection kit, sexual assault forensic evidence (SAFE) kit, sexual offense evidence collection (SOEC) kit, physical evidence recovery (PERK) kit, or biological evidence kit.

Who collects the evidence?

- Sexual Assault Nurse Examiners (SANEs), Forensic Nurse Examiners (FNEs), or Sexual Assault Forensic Examiners (SAFEs) are specially trained healthcare providers who have been trained in the identification, collection, and documentation of forensic evidence that might be found on a victim's body or clothing. They are also prepared to testify in court if needed.
- SANEs/FNEs/SAFEs typically work in hospital emergency rooms, but in some areas they work in outpatient or community-based settings that are specifically created to provide medical forensic care for sexual assault patients.
- If a SANE/FNE/SAFE is not available, an emergency room nurse or physician should be able to perform the sexual assault evidence collection and documentation.

Are sexual assault victims required to have a SAK collected?

A sexual assault victim is never required to have a sexual assault kit collected. In addition, a victim may stop or decline any portion of the exam. Providing victims with the choice to have a SAK collected and to set the pace or stop the exam if necessary returns power to the victim. Taking back control of their body can be an important part of the recovery process for sexual assault survivors.

What happens to a SAK after it is collected?

Kits are typically transferred to law enforcement after collection. In some jurisdictions, where the victim is undecided about reporting the assault, the kit may be stored at either a law enforcement facility or the exam facility.

Typically, the kit will remain unopened until the investigating agency requests the kit be analyzed by the crime lab. A few cities and states automatically test all sexual assault kits, as long as the crime has been reported to police.

What happens if DNA evidence is not found?

Not all rape kits yield DNA evidence. However, DNA evidence is not necessary for a sexual assault conviction. DNA is only one piece of evidence in an investigation. Other types of evidence might include victim and witness statements, documentation of physical injuries, other physical evidence, and phone records.

If DNA evidence is not found, it does not mean that a sexual assault did not occur. DNA evidence may not be found in a sexual assault kit if the perpetrator did not leave any DNA behind, the DNA was washed off, the evidence was improperly stored or handled, or it simply degraded over time.

Are all SAKs tested?

No. While there are a few cities and states that automatically test all sexual assault kits, in general, SAKs are not tested unless specifically requested by a law enforcement agency for a criminal investigation. There are a variety of reasons that a kit might not be tested including:

- A decision by law enforcement due to a variety of reasons—such as not prioritizing sexual assault cases or a perceived lack of victim credibility or cooperation—not to further investigate the case.
- A decision by law enforcement that the results of the kit would not be significant to the investigation. This occurs most often when the suspect does not deny physical contact, but instead claims the contact was consensual.
- Backlogged crime labs. Due to resource issues, some crime labs may take up to a year or longer to test a SAK.
- Lack of funding for DNA analysis. Some law enforcement jurisdictions, including crime laboratories, are underfunded and may be unable to test every SAK.

Activity 3.3 (a): Summarization: Side Conversation

INSTRUCTIONS

1. Working in language groups of three, act out the following role plays.
2. Note that one person will play two roles: both the caseworker and the abused mother. Another person will play both the grown daughter and (in the second and third parts below) the assistant.
3. When the side conversation starts, the interpreter should summarize the conversation in indirect (3rd person) speech. Even if you are able to interpret this simultaneously, don't try to do so. Instead, summarize.
4. When the side conversation begins, the person reading the caseworker's part will switch to reading the mother's part.

Family Side Conversation

You are interpreting for a caseworker at Adult Protective Services (APS). A daughter and her mother called a hotline to report the mother's abuse at her mother's skilled nursing facility and were referred to a local APS office, where a caseworker was assigned to handle the complaint. Now the mother and daughter are meeting with the caseworker, who is responsible for assessing victim's risk. She should also assess the victim's capacity to understand her risk and to give informed consent for further investigation and the provision of any services she needs.

As part of that process, during this interview the caseworker will be handing off the mother and daughter to an assistant who will be responsible for collecting more information about the case.

CASEWORKER: Hello. I understand that you're here because you're worried about how you're being treated at her facility. Tell me what's going on.

DAUGHTER: It's just awful how they're treating her there. They don't always bring her meals. They get mad at her when she asks for help. And she has bruises on her arms I can't explain.

[The mother and daughter now get into a side conversation. The person who plays the caseworker switches to reading the mother's role play. Read the parts quickly so that there is no time for consecutive interpreting.]

MOTHER: I told you not to tell her that. I don't think we should be here. It really isn't that bad.

DAUGHTER: Mom, how can you say that? You're always telling me how much you hate it there. That you're afraid of the nurses—especially that night nurse who gets mad every time you call her for help.

MOTHER: I know, I know. But what if they kick me out? I don't have my papers. This was the only place that didn't ask for a Social Security Number. What if I get into trouble with this agency? They might deport me.

DAUGHTER: That doesn't matter. Even if you don't have papers, they aren't allowed to treat you that way. We have to fight for your rights. You need to be safe there—you know that we can't take care of your medical issues at home.

MOTHER: [*Sighing*]: Okay. But be careful.

[*End of first section—SWITCH INTERPRETERS NOW. Also, if you are reading the daughter’s scripted dialogue, you will ALSO read the Assistant’s script.*]

CASEWORKER: Please, your daughter is right. Your immigration status is not the issue here. Your safety is the most important thing.

DAUGHTER: Oh, I’m relieved. What’s next?

CASEWORKER: Now, before we get into the abuse report, I see that my assistant has arrived. She’s going to help you fill out some paperwork, but I need to explain what’s going on to her.

[*The next dialogue should be read very quickly. The INTERPRETER should switch to summarizing the conversation between the caseworker and the assistant. Please inform the INTERPRETER that it is his or her task to summarize that conversation because it is too fast to interpret.*]

CASEWORKER: Okay, we have a mother and daughter here. The mother is living in a skilled nursing facility. The daughter has brought her here to make a complaint about abuse. She’s worried about how her mother is being treated. I need you to get their information, including a statement from the mother about what is happening.

ASSISTANT: I can do that. Do I need to get a statement from the daughter, too? And all her information?

CASEWORKER: Yes, I need a statement from the daughter, as well, and her basic contact information. And be sure you have them both fill out the release of information forms.

ASSISTANT: Okay. Sounds good. My office is being used for a meeting right now though—can we do it in here?

CASEWORKER: Sure—I have another case to check on—just let me know when you’re done.

[*The caseworker leaves*]

[*SWITCH INTERPRETERS HERE. If you are reading the Assistant’s script, you will also read the Daughter’s script.*]

ASSISTANT: Okay Mrs. Montenegro. I have some questions I need to ask you. First, I need to know where you are living.

MOTHER: I live in Montgomery Place.

ASSISTANT: Oh, I know that place. And how long have you been there?

MOTHER: Just about six months. I had to move there because I have too many health problems, and my daughter works all day and can’t help me.

ASSISTANT: I see. I’m sorry to hear that. Now, can you tell me the names of nurses who have been mistreating you?

[*The next dialogue should be spoken very rapidly. The INTERPRETER will summarize this side conversation for the Assistant. Please inform the INTERPRETER that it is his or her task to summarize this conversation because it is too fast to interpret.*]

MOTHER: (*turning to daughter*) Their names? You didn't tell me I would have to do that. I can't tell their names. They'll get mad at me and hurt me more.

DAUGHTER: No mom, we have to give them the nurses' names. Then they can be disciplined. They are the ones who will get in trouble, not you. I'll make sure they don't take care of you anymore.

MOTHER: (*getting upset and speaking rapidly*) No, no. This isn't going to work. All of the nurses will know I was the one who complained. They can make my life miserable—what if they start to take revenge? No, I'd rather just deal with the bad ones—it's safer that way.

DAUGHTER: Mom—you are not safe there. We have to do something. I've tried to find a place to transfer you to, but there aren't any available. We have to trust Adult Protective Services to help you.

[End of side conversation.]

Activity 3.3 (b): Summarization: Direct Speech

PART A: AGITATED VICTIM OF CRIME

INSTRUCTIONS

1. You are interpreting for a victim services caseworker and recent victim of a violent theft.
2. When the victim is asked to tell what happened, he starts to speak rapidly and does not always make sense. Summarize the rapid speech of the victim using direct speech (1st person).

CASEWORKER: Mr. Huiling, can you tell me what happened when you were robbed?

Mr. Huiling: It was terrible. Just terrible. I was on the Metro. Almost home. I was walking toward the exit when it happened. This man, maybe it was a boy? No, I think it was a young man. He was tall and wearing all black. He was on the other side of the passageway. No, I mean, wait, maybe he was on my side? No, I can't remember. All I know is that I had my briefcase, and my laptop was in it. I don't know how he knew I had a computer in my bag. I've taken that route hundreds of times before and this, nothing like this, it's always been safe, always. He just grabbed it out of my hand, you know? Or tried to—I grabbed back and yelled. Hey! What are you doing? Stop that? I tried to get him to let go. And then he hit me. That's all I remember. I saw something in his other hand and next thing I know something is crashing down on my head. God it hurt—it felt like my skull was going to break in half and I found myself on the floor. I was bleeding—there were people all around. He must have knocked me out and when I woke up he was gone—outta of there—I yelled and struggled. My whole life, who knows? It's all there, right there and he took it. I don't know what I'm going to do—I can't afford another laptop and the doctors—right? So much money. I can't pay for the ambulance. Why did they call the ambulance?

PART B: THE PARAMEDIC**INSTRUCTIONS**

1. You are interpreting remotely (by telephone or video) for paramedics who are giving rapid instructions to the patient.
2. Summarize their instructions.

Paramedic: Okay, Mrs. Dalmar, I need you to listen carefully to everything I say. We don't have much time and we need to get you to the ER right away. We are very worried you may have a serious neck injury. **DO NOT MOVE AT ALL.** Stay as still as possible. We are going to put on a neck collar to make it so that you can't move your neck at all. I need you to calm down. **DON'T MOVE.** Please Mrs. Dalmar, stay still. Hold your arms at your sides. Any movement could make the injury worse. I know you are in pain but the most important thing is that we immobilize your neck and back first. Okay, thank you. Now, we are going to put this neck collar on you. Just stay perfectly still while we slip it on—and don't move after that either. Then we are going to put you on a gurney to get you into the ambulance. Please just do exactly what everyone says to do. We want to be sure you don't make your injury worse.

MODULE 4

NOTE-TAKING IN CONSECUTIVE INTERPRETING

LEARNING OBJECTIVES

LEARNING OBJECTIVE 4.1

Explore the rationale and Rozan's steps for consecutive note-taking in victim services settings.

LEARNING OBJECTIVE 4.2

Develop symbols and abbreviations for consecutive interpreting note-taking.

LEARNING OBJECTIVE 4.3

Practice note-taking techniques for consecutive interpreting in victim services.

Activity 4.1: Note-Taking in Victim Services: Establishing a Baseline

INSTRUCTIONS

1. The instructor will divide the group into pairs.
2. The instructor will read from one of the following victim declarations.
3. Close this workbook and do not read the statements below.
4. When the instructor reads a declaration out loud, **both** members of the group will take notes.
5. When so instructed, each member will then take turns interpreting the declaration back to his or her partner, reading off the interpreter's own notes.

Victim Statement #1: Well, last night my husband came home from work in a bad mood. Then he realized our daughter was still not home from her evening study session, and it was after her curfew. He got really angry with me and starting screaming and yelling at me, telling me I was a horrible mother, that

our daughter was a whore just like me, that she was probably out sleeping with some boy. He grabbed my hair and pulled me into the bedroom and then shoved me onto the bed. I tried to get away, but he pushed me back down and sat on me so I couldn't move and he took a pillow and covered my face. I couldn't breathe and I panicked but I wasn't strong enough to get him off me. I thought I was going to die when his knee slipped off the bed and he lost his balance a bit. I was able to push him off. I ran out of the house and to the neighbor's next door and she called the police.

Victim Statement #2: I found out that my husband was cheating on me last month. My best friend told me. I followed him to her house one night and saw that it was true. They were having an affair. Three nights ago, I confronted me about the affair. I told him I wanted a divorce and I asked him to leave the house we live in. My husband went crazy when I accused him of the affair. He screamed at me. He pushed me against the kitchen wall and said I was a lying whore. Then he grabbed me by my hair and dragged me outside to the front lawn. He screamed he would never leave the house and told me to go or he would kill me. Then he hit my face twice with his fist. The second time he punched me, it was so hard I fell to the ground and hit my head on the sidewalk. My oldest son, he's just 9 years old, he called 911. When the police arrived, he let me go and ran away. The police called an ambulance. I was taken to the ER. Because of his attack I have bruising and swelling to my face and eyes. I have a cut over my eyebrows that needed five stitches. My chest is bruised, and I've had bad headaches ever since he beat me. I'm terrified he will come back and kill me or hurt our sons.

Victim Statement #3²: I recently filed for divorce from my husband. We were married for 13 years. We were still living in the same house while my husband looked for a place to move to. The address is 3245 Coral Drive. On January 30th, we got into a fight about him needing to move out sooner. He got very angry and suddenly pulled out a silver-colored revolver and pointed it straight at me. He came forward, pushed me down on the sofa, and put the gun up against my forehead. He told me if I thought he wasn't good enough for him then nobody would have me and that he was going to kill me. I started to scream and so he pushed the gun right into my mouth. I thought he would pull the trigger for sure. But someone must have called the police because suddenly we could hear the sirens. He suddenly let me go and ran out of our house before the police got here. Then he sent me a text while the police were helping me that read: stating "I am gonna fuck you up and you are going to die. I am going to hire someone to kill you and I am going to move my girlfriend in." The police have not caught him. I'm terrified to go home so and I'm staying in a hotel. I need court protection to be safe.

Victim Statement #4: I'll never forget the first time my boyfriend John hit me. I had been with John for 18 months when it happened. I had always promised myself that if he ever hit me, I would leave him. I told him too. I got home late from a friend's house because there was a lot of traffic. He yelled at me to get into our car and grabbed my arm. I was afraid so I let him pull me into the car. When we got in, he locked the doors and started driving like he was insane. He grabbed onto my neck and started choking me and shaking me. He screamed that I was a stupid bitch for being late. Then he slammed my head against the

²Adapted from the police report on this incident from <http://www.mmamania.com/2014/2/7/5390158/ufc-thiago-silva-original-police-report-domestic-violence-death-threats-guns-booze-more-mma>

car window and I passed out. When I woke up I was in our bed and John was crying and saying how sorry he was, that he would never do it again. I knew then that I had to get out, but it took me another year until I was able to run away to a shelter.

Victim Statement #5: I am transgender immigrant from El Salvador. When I was 17, I fled my country after I was raped by a group of drunken men who told me I was garbage and the devil's child. I thought it would be better here in the United States. But I came without papers. A year ago I was put in jail for using a false social security number. I begged the judge not to put me in a men's jail, but he did anyway. They shaved my head, called me a faggot and put me in solitary. Then I was put into a cell with three men. One of them beat me up for being how I am. And when I asked the guards for help, they beat me too. I tried to apply for asylum but I was told that I'd been in the country too long for that. So when my time was done in jail, I was ordered deported back to El Salvador. But I didn't go, so I live like a criminal now. I have to hide all the time. I have an aunt who helps me, but I have no life. I can only hope that things will get better.

Activity 4.2: Note-Taking Practice: Symbols Development

INSTRUCTIONS

1. Work in pairs.
2. Using the Victim Statements from Activity 4.1, brainstorm symbols. Create symbols or abbreviations that will help you interpret victim statements in each of the following categories:
 - Symbols to indicate time and the passage of time
 - Symbols to indicate physical violence (punch, hit, slap, push, etc.)
 - Symbols to indicate emotion (fear, anger, happiness, etc.)
 - Symbols to indicate emergency services (ER, EMTs, ambulance, police, etc.)
 - Symbols to create linkages between ideas (arrows, wavy lines, circles, etc.)
3. Choose two or three of your best symbols. When your instructor asks for your examples, share them with the rest of the group by writing them up at the front of the class.

Draw/write your symbols/abbreviations here:

SYMBOL/ ABBREVIATION	MEANING	SYMBOL/ ABBREVIATION	MEANING
<i>Time</i>		<i>Time</i>	
<i>Physical violence</i>		<i>Physical violence</i>	
<i>Emotion</i>		<i>Emotion</i>	
<i>Emergency Services</i>		<i>Emergency Services</i>	
<i>Linkages between ideas</i>		<i>Linkages between ideas</i>	

Activity 4.3: Integrating Rozan’s Seven Steps Through Repetition

INSTRUCTIONS

1. Work in the same pairs as in Activity 4.1.
2. The instructor will read one or two of the remaining victim statements for you to practice taking notes.
3. Focus on integrating at least two or three of Rozan’s steps, such as taking notes vertically, using symbols and abbreviations or indicating negation.
4. When the instructor reads a declaration out loud, **both** members of the group will take notes.
5. When so instructed, each member will then take turns interpreting the declaration back to his or her partner, reading off the interpreter’s own notes.

MODULE 5

SEXUAL ASSAULT AND DOMESTIC VIOLENCE

LEARNING OBJECTIVES

LEARNING OBJECTIVE 5.1

Discuss the challenges of interpreting for sexual assault and domestic violence cases.

LEARNING OBJECTIVE 5.2

Adapt ethical principles when interpreting for survivors of sexual assault and domestic violence.

LEARNING OBJECTIVE 5.3

Explore appropriate interpreting protocols for sexual assault and domestic violence cases.

Activity 5.1 (a): Sexual Assault and Domestic Violence Role Plays

INSTRUCTIONS

1. In groups of three, act out the two role plays below in the same way that you have executed previous role plays.
2. Make sure that a different person plays the interpreter for each role play.
3. After you have finished both role plays, or whenever your instructor gives you a signal to pause, in your group discuss how the interpreter felt during each role play.
4. Now decide, as a group, what might make interpreting for sexual assault and domestic violence survivors (in your opinion)
 - a. Different from interpreting in other services.
 - b. Potentially more difficult than interpreting in other services.

Role Play #1: Mental Health Intake for a Rape Survivor

CLINICIAN: So as part of the counseling services we offer here at the center, I need to start with a psychological evaluation. Basically that means that I need to ask you some questions about your medical history, any psychiatric history, trauma history and how you're feeling, among other things.

RAPE SURVIVOR: I'm not sure why you need to know all that.

CLINICIAN: This information will help determine how I can help you. For example, if you're feeling stressed, nervous, fearful, or sad, we can talk about that and we'll talk about whether you're experiencing any flashbacks from your attack.

RAPE SURVIVOR: Well, I'm not sleeping well and when I do, I have nightmares and wake up sweating, shaking and nauseated. I'm not eating well, and I have difficulty concentrating. What does that mean?

CLINICIAN: Sometimes people get very fearful after an assault, and they have physical reactions to either an object or a situation. Reactions like rapid breathing and sweating. These kinds of symptoms could indicate an anxiety disorder or even Post Traumatic Stress Disorder, PTSD.

RAPE SURVIVOR: You mentioned flashbacks. What are those?

CLINICIAN: A flashback is an involuntary, spontaneous recurrence of part of the experience of what happened to you. It's almost like reliving the attack over and over, but it feels like right now, not like it happened in the past. Is that happening to you?

RAPE SURVIVOR: Well, I'm not sure if but just talking about it is making me shiver. I'm getting goose bumps. (*standing up*) I'm going to throw up. Where is the nearest bathroom?

Role Play #2: The Restraining Order

ADVOCATE: Hello, my name is Cindy Roma. I'll be helping you prepare for the court date when you ask for a restraining order.

MRS. LEE: Hello. I'm glad to meet you.

ADVOCATE: Your court date is in two days, so the center needed to work fast to get your domestic violence statement filed in time. But we did it, and now your pro bono lawyer wants me to sit here and listen while you practice telling your story.

MRS. LEE: Yes, yes, I know I have to tell my story in court. But I'm really nervous about having to be in court. I haven't seen my husband since he was arrested.

ADVOCATE: Yes, I can understand that. You've been through a lot. I know it can be hard to be in the same place as the person who hurt you.

MRS. LEE: Can you tell me what I have to do? Do I have to talk to him? Or sit near him?

ADVOCATE: Okay, let me explain how this process works. You'll both be in the courtroom sitting at tables in front of the judge. But your lawyer, Maya, will be

sitting between you and him and you don't have to speak directly to him. That's Maya's job.

MRS. LEE: But won't I have to tell the judge what happened in front of my husband? You don't know what he's like. He'll be so angry.

ADVOCATE: That's why Maya prepared your written statement. I have a copy right here. Hopefully, you won't have to repeat it all in front of the judge. They'll get a copy ahead of time.

MRS. LEE: I guess that sounds okay.

ADVOCATE: Good! This is just practice so it doesn't feel so strange telling it in court. Your lawyer has also written down some examples of questions that you might have to answer in court. So, I will be asking you those questions periodically. Now let's get started. I need you to tell me exactly what happened the night your husband got arrested.

MRS. LEE: Well, it was last Friday. Friday night. My husband always buys beer on weekend nights. He usually gets drunk, and he can be just so mean and angry when he gets drunk. Well, last Friday, he'd been drinking for awhile when our daughter came home from going out with her friends to see a movie. She was about a half hour late and that's what started all the trouble.

ADVOCATE: Ok, hang on. *(looks down at the paper)* Can you tell me what time your daughter came home?

MRS. LEE: Yes. She came home at 10:30. She was supposed to be home by 10 p.m. That's her curfew. My husband is very strict, and if she doesn't follow his rules exactly there's usually hell to pay.

ADVOCATE: That's just what it says here. Please go on. What happened next?

MRS. LEE: Well, the minute my daughter came through the front door, my husband started yelling at her. He was so angry. He pushed her back against the wall and called her terrible names.

ADVOCATE: What names did your husband call your daughter and exactly how did he push her?

MRS. LEE: *(taking deep breath)* Well, he had a beer in one hand and he used the other to shove her shoulder back until she backed against the wall. He told her she was a whore and a liar. He said, "You're a fucking whore. I bet you were out screwing that stupid kid you call a boyfriend."

ADVOCATE: And how did you and your daughter react?

MRS. LEE: She got really scared, but she pulled away from him and ran past him into her bedroom. She slammed the door shut and locked it.

ADVOCATE: Is this when you tried to stop him from getting to her?

MRS. LEE: Yes, you can't believe how angry he got. He went to her bedroom door and screamed at her, kicking and pushing against it. I was terrified he would break the door down and hurt her. I ran to him and tried to grab his arm so he would stop. That made him even madder, and that's when I got hurt.

ADVOCATE: *(looks down at paper again)* How did your husband hurt you?

MRS. LEE: Well. When I grabbed his arm, he grabbed my hair and pulled me into our bedroom and threw me on the bed. He accused me of raising a slut and said I was just like her. Then he shut our bedroom door and locked it. That's when I got really scared.

ADVOCATE: *(after a pause)* What made you even more scared?

MRS. LEE: Well, whenever he locks the door I know he's going to do something awful. He's done it before.

ADVOCATE: There are questions later on about those earlier incidents. For now, can you tell me what happened this time?

MRS. LEE: He pinned me down on the bed. He sat on top of me and held my wrists in one hand while he took off his belt with the other. Then he forced me to roll over and he started beating me with his belt. He was hitting me with the metal end, where the buckle is. I started to scream and cry, but he wouldn't stop.

ADVOCATE: I know this is really hard, but can you tell me what happened next?

MRS. LEE: He rolled me over and then he covered my face with a pillow. He held it down really hard. I couldn't see or breathe. I fought him, but he's so much bigger than I am. I don't know what would have happened if our daughter hadn't called the police. When he heard the sirens he let go of the pillow and I was able to roll off the bed and run to our bathroom and lock the door.

ADVOCATE: That must have been terrifying. I'm so sorry for everything you've experienced. I'm so glad the police arrived in time.

MRS. LEE: Yes, me, too. And my daughter, she saved my life. That's why I want to get a restraining order. We have to get out of this situation. I have to keep her safe.

Activity 5.1 (b): Adversarial or Collaborative?

INSTRUCTIONS

1. For the following activities or services, decide if you think they are adversarial in nature (A), collaborative services (C) or both (hybrid).
2. Note your answers in the blank line after each example.
3. Note that if you feel there is an adversarial or legal component to interpreting for any of these encounters, you would act as a *legal* interpreter, following a legal interpreter's ethics, protocols, requirements and best practices.

1. A SANE nurse performs a Sexual Assault Forensic Exam. _____
2. A victim answers questions for a deposition. _____
3. A nurse explains an informed consent form and gets the victim to sign it. _____
4. A victim advocate accompanies a survivor to her court case. _____
5. A paralegal performs intake about a domestic violence incident or case. _____
6. An immigration representative helps an immigrant apply for a Temporary Protection Order. _____
7. A man permanently injured by his abusive gay partner goes through a medical exam to apply for Social Security Disability Insurance (SSDI). _____
8. Police take a victim statement from the survivor. _____
9. An asylum seeker undergoes a forensic medical exam to help provide evidence that he was sexually assaulted in prison in his country of origin. _____
10. A worker sexually harassed on the job files a criminal complaint against his employer. _____
11. A victim advocate prepares a survivor for a day in court where she will testify about her assault. _____
12. A person who applied for crime victim compensation funds to move after she was stalked repeatedly appeals the denial of these requested funds. _____

Activity 5.2 (a): Comparing Ethics

INSTRUCTIONS

1. In small groups, compare, in handouts provided by your instructor, the *Code of Professional Responsibility for Interpreters Serving Limited English Proficiency (LEP) Victims of Domestic Violence Outside of the Courtroom and Judicial Settings*³ with the *National Code of Ethics for Interpreters in Health Care*⁴ (published by the National Council on Interpreting in Health Care).
2. If there are sign language interpreters in your group, your instructor may include a handout for the *Code of Professional Conduct*.
3. Fill in the columns below.
4. If you have time, note any other differences between the two codes of ethics.

Principles in the domestic violence code
that are NOT in the medical ethics code

Principles in the medical ethics code
that are NOT in the domestic violence code

List other differences you have found between the two codes:

³ **Note:** This document, although it addresses ethics for interpreters working with victims of domestic violence, is explicitly also intended for the use of interpreters who work with survivors of sexual assault. You can find it at <https://www.ncjrs.gov/pdffiles1/nij/grants/216072.pdf>

⁴ Available at www.ncihc.org

Points for discussion:

1. Which ethical principles in these two codes do you think are most important when interpreting for survivors of domestic violence and sexual assault?

2. Would you add anything that you found missing in both these codes and that you consider to be important ethical considerations for interpreters who work with sexual assault and domestic violence cases?

Activity 5.2 (b): An Ethical Challenge for Accuracy: Summarize or Interrupt?

INSTRUCTIONS

1. Read the scenario below.
2. In the lines below, write up the advantages and disadvantages of summarizing vs. maintaining full accuracy, and the advantages and disadvantages of interrupting the session vs. requesting a pause or repetition.
3. Decide whether you think the interpreter in this case should summarize or interrupt the session to be accurate.

Scenario

Suddenly, after months of “apparently” unproductive therapy, a survivor of sexual assault speaks up in a rush about the trauma—but she speaks too fast and inaudibly for you, the interpreter, to keep up.

Clinicians know that this situation is common. Often, it is the result of good work between survivors and their therapists. For you, the revelation may come as a surprise. (Sometimes a therapist might guess what is coming and alert the interpreter beforehand, but this is not a common practice.)

What would you do here: summarize, or intervene to request a pause or repetition from the survivor?

Advantages of summarizing

Disadvantages of summarizing

Advantages of requesting a pause

Disadvantages of requesting a pause

Do you think, in such cases as the one above, that the interpreter should *interrupt* or instead *intervene to request a pause or clarification*? Why or why not?

What could the interpreter do instead to maintain accuracy that would *not* involve interrupting the survivor's outpouring?

Activity 5.3 (a): The Interpreter’s Introduction in SA/DV Interpreting

INSTRUCTIONS

1. Your instructor will divide you into pairs.
2. Together, read and discuss the section in your manual, Part 5.3, on interpreter introductions.
3. Imagine you are meeting a sexual assault survivor and her therapist for the first time.
4. Write down, in the lines below, what you will say in your introduction in both your working languages. (You can have a different introduction from your partner.)
5. Then act out your introduction in both languages.

Your introduction

Activity 5.3 (b): Positioning in SA/DV Interpreting Assignments

INSTRUCTIONS, PART 1

1. An interpreter will take a seat in front of the class and pretend to be a survivor of sexual assault.
2. The interpreter will take a seat behind the survivor. (Note that this would not ever happen for interpreting in signed language, but it is a common position in spoken language interpreting in community interpreting in the United States. However, signed language interpreters can still participate in this discussion.)
3. Look at them and imagine that the survivor was attacked from behind by an abusive ex-boyfriend, thrown on her own bed and raped.
4. In pairs, discuss how the survivor might feel if the interpreter is positioned right behind her and what position you would prefer.

5. Write your answers in the lines below.

INSTRUCTIONS, PART 2

1. Your instructor will now set up various situations and in each situation, as you watch, decide where you think the interpreter should go.
2. The interpreter will ask a volunteer to take the interpreter's position as decided by the class to explore the advantages and disadvantages of each position.
 - a) *Situation #1:* A sexual assault forensic exam in a hospital private room, with an examination table and equipment, involving a SANE nurse, the victim, the victim advocate and the interpreter.
 - b) *Situation #2:* A domestic violence interview in a tiny nonprofit office between a caseworker, a victim and the interpreter.
 - c) *Situation #3:* A government office meeting in Adult Protective Services, with a caseworker, a mother who is the victim of abuse in a skilled nursing facility, her grown daughter and the interpreter.
 - d) *Situation #4:* Police getting a statement from a sexual assault victim at the hospital, including two detectives, a police officer, the victim, the victim advocate and the interpreter.
 - e) *Situation #5:* An intake at a child advocacy center for a report of child abuse by the father, with an abused mother, two small children, a clinical social worker and the interpreter.
 - f) *Situation #6:* A victim compensation office application involving a clerk, the victim, her supportive friend and the interpreter.

Activity 5.3 (c) Sensitive Role Plays for SA/DV Interpreting

INSTRUCTIONS

1. In groups of three, act out the following role plays.
2. Each person should play the interpreter for one role play or, for Role Play #2, one section of the role play.
3. Continue as far as you can with the role plays until the instructor asks you to stop.
4. After executing the role play, write down your feelings about what you observed or experienced during the role plays in the blank lines below each script.

Role Play #1: The Domestic Violence Shelter

DV advocate: (*speaking gently*) Hello Dana, do you have a few minutes? I wanted to talk to you about your choice to leave the shelter and return home. Is that what you really want?

Dana: (*speaking emphatically*) Yes, I'm ready to go home. I know he's calmed down, and he promised to change. I know he loves me, and this time he's going to keep his promises. He won't do it again. He means it. He misses me.

DV advocate: (*sounding concerned*) Dana, what makes you think that this time it is going to be different? Has he contacted you in any way? Is someone telling you that you have to go home?

Dana: (*sounding hesitant*) Well, not exactly, but it has been three days, and he's had plenty of time to think about it. Last time this happened, he bought me a bracelet and promised me that if he did it again, he was going to get counseling.

DV advocate: (*speaking gently*) And you believe him?

Dana: (*speaking emphatically*) Of course I do. The only reason it happened again was because he didn't have time to make the appointment himself, and I screwed it up for him so he got mad at me. It was all my fault. I know I came here to get away from him, I know it's not the first time I've come here, but I have been thinking it over and I know he wants to change. He's always sorry after he hurts me, and I love him. I just have to show him that I'm a loyal wife. Plus, my mother always told me that I'm the one who keeps the marriage together.

DV advocate: (*speaking gently*) I just want to remind you that you were pretty badly hurt. You had contusions and bruises, even lacerations. It sounds like things have gotten worse, and this is the fourth time you've come to the shelter, so why do you think this time it is different?

Dana: (*emphatically*) You don't understand, I have to go back! My husband needs me, and I can't disappoint my parents, either. No way. My mother says that a good wife can stop herself from getting her husband all mad at her if she prays hard enough. Maybe I just need to pray more. I just want him to stop beating me, but I don't want him to stop loving me.

DV advocate: (*speaking gently*) Dana, I have to make sure you understand that you would be putting yourself at risk again. Are you sure you want to return home?

Dana: (*loudly*) How many times do I have to tell you? I love him, and he loves me. I know he's sorry, he's not going to do it again. He told me so. This time it will be different. I know it.

DV advocate: (*speaking gently*) Dana, I respect your feelings, and I am listening to everything you say. However, I still want to make sure you know that you're fully aware of your actions and choices. Do you want to review the safety plan we created?

Dana: (*speaking loudly*) Sheesh, you don't let up, do you? I won't need a safety plan because he promised to go to counseling. And after he does, he'll stop all this nonsense and it'll all be just fine.

DV advocate: (*speaking gently*) Even so, do you have those important phone numbers we talked about nearby? Just so you know who to call and talk to

about the abuse, in case it happens again? Last time your neighbor called the police, so it's important to make sure she's willing to do that again.

Dana: (*speaking emphatically*) No, that was really embarrassing, and he won't like it if I call her again. I know he won't get out of control any more, but if he did, I know where the safe places are in the house. He promised to get rid of the gun, too, so there are no weapons in the house.

What did you feel as you executed this role play?

Role Play #2: A Rape Survivor Prepares to Go to Court

Background: *Several months or longer have passed since the rape. The survivor is falling into severe anxiety about the idea of what faces her in the court case that is proceeding against her assailant. She didn't want to report him; she also didn't want to go to trial. However, he has assaulted other young women, so the District Attorney is proceeding with the case to protect other women from being raped.*

The survivor has come to accept that she must go through with this trial, both for other women and herself, and ultimately because she is legally required to do so. The advocate is trying to help prepare the survivor emotionally for the case.

Note: Unless you are instructed otherwise, begin with Partner #1 playing the interpreter.

PART 1

ADVOCATE: Looks like you're feeling a little anxious about the trial. Tell me, how are feeling right now?

SURVIVOR: I'm not sleeping, I can barely eat. It's really tearing me up.

ADVOCATE: What is it about the trial that's making you feel this way?

SURVIVOR: (*speaking very very fast*) I'm going to see him in court, and I don't know how I'm going to handle that, it's all so emotional for me, I don't even know how I'm going to feel or be able to speak or anything, it's all just a big mess in my mind, I'm afraid I won't be able to speak right in court. The minute I see him, everything will fly out of my head, I just know it.

ADVOCATE: (*gentle voice*) I can totally understand how that would make you feel that way. That would make anyone feel anxious in this situation.

SURVIVOR: (*crying softly*) I don't know how I'm going to be able to testify. To—to say what happened. In public. (*clutches the interpreter's hand or arm for comfort*)

ADVOCATE: Right now you're safe, you're in a safe place, and I'm glad you feel safe enough to share how you really feel right now. So let's talk about some of the things we can do tomorrow to make you sure you're feeling supported throughout the trial. Does that sound good?

SURVIVOR: (*calming down, wiping her cheeks*) That would be nice. Yes. Please.

ADVOCATE: Just so you know, before you get called we can meet in the hallway, but there's also a witness room, and we can sit there so you don't have to see him before you take the stand. Whichever you prefer. So whichever of the two places you feel the safest, we can go there, and I can be there with you. Some people want to see everything, and some people want to be private. You decide.

SURVIVOR: I think—I think the witness room. Or—(*asks the INTERPRETER*) Do you think it's better if I see him first so I can get used to seeing him?

ADVOCATE: Actually, you *will* see him, whenever you go into the courtroom. I'll walk in there with you, and I'll take a seat in the gallery, and there will be a time before you go into the witness box where you can see everything, and that may be enough time for you to get used to seeing him.

PART 2: SWITCH INTERPRETERS AND LET PARTNER #2 PLAY THE INTERPRETER.

SURVIVOR: How long after it starts until I have to testify?

ADVOCATE: I don't know, I really don't. Every trial is different, but from what I know about this one, I honestly think you will have plenty of time in court to see him. Also, I can move around to make sure you can see me, too.

SURVIVOR: (*getting very agitated*) See me? I thought you said you'd be with me.

ADVOCATE: No, I'm sorry I wasn't clear. I can go in with you, but I can't sit with you.

SURVIVOR: (*upset, raises her voice, a bit hysterical*) Why can't you sit with me?

ADVOCATE: Unfortunately, I have to stay back in the gallery of the courtroom because no one else besides the lawyers and defendant and witness and judge are allowed in the courtroom. Just the gallery. And honestly, even if I was with you, you probably wouldn't be able to see me. At least in the gallery, you can see me, and I can give you supportive looks. That can make a big difference.

SURVIVOR: What—what is the gallery like?

ADVOCATE: The courtroom gallery, it's a little bit higher up, it's like a step or two up, but it's a little bit higher. You would be seated next to the judge. And the lawyers and defense attorney and your assailant would be on one side, and the prosecution would be on one side and—

SURVIVOR: This is so confusing. (*to the INTERPRETER*) Do you understand this lady? Please explain to me what she's saying. You know how the courts

work in our country, it's different here. Isn't there any way to see more before I testify? (*wait to see how the interpreter handles being addressed directly by the survivor*)

ADVOCATE: Sure, we can go in tomorrow morning before the trial and find the closest bathroom, and I can show you what the witness room looks like so you can see and decide if you want to wait there or in the hall. Then I can go with you.

SURVIVOR: What time?

ADVOCATE: Let's see, it's scheduled for 11 a.m.

SURVIVOR: So when would we meet?

ADVOCATE: It's up to you. We could go in at 9 and then go get breakfast or go shortly before 11. There would be another hearing going on but you could still if you prefer sit there and see it empty—

SURVIVOR: I can't eat breakfast tomorrow.

ADVOCATE: So which do you think is better, before or—

PART 3: SWITCH INTERPRETERS AND LET PARTNER #3 PLAY THE INTERPRETER.

SURVIVOR: What do *you* think?

ADVOCATE: You know, it really is your preference, but it might be helpful to sit in on the other hearing briefly so you can kind of see how it goes and what the process is like. It might help calm your nerves, and it's not high pressure, and people are very understanding really, and the judge is not very scary, just trying to do his job with these sensitive cases.

SURVIVOR: (*sad, thoughtful voice*) So I'm going to be alone. (*to the INTERPRETER*) Can you come? Please tell me you're coming on that day, please, please! (*Wait to see how the interpreter handles being addressed directly by the survivor.*)

ADVOCATE: We'll try to get you the same interpreter, but you know that isn't always possible, we'll see. Now, remember, when you're on the stand, you'll be sitting off to the side by yourself, but I'll be there, and your sister can come there, too, in the gallery, and your attorney, Crystal, will be there, and you'll be able to see us while you're on the stand.

SURVIVOR: What if I fall apart?

ADVOCATE: That is a very valid concern, that has happened before, so I don't want you to worry. Everyone there knows this is difficult. Even the judge, he's actually quite nice. You can always ask for a moment to calm yourself. You can do that at any time during the testimony, you can just ask for that, for a break. Everyone is there to make sure that the person who committed the crime against you is brought to justice, and I'm there and Crystal is there to make sure your rights are being held up in an appropriate way.

SURVIVOR: So if I cry, they won't—it won't—like, it won't mess up my case.

ADVOCATE: No! I think the judge and jury understand what a delicate situation this is. And we all know that you're human, and if you cry, that's a very natural reaction to someone committing such an awful thing

SURVIVOR: (*whispering so low the interpreter will have a hard time hearing*) What—what if I can't answer because of—what I'm feeling?

ADVOCATE: Of course it's not easy, I don't want to give you the illusion it's easy. It's going to be difficult, it's going to be painful, but you have a very strong support system. (*firm*) And we're going to do everything we can to work through this with you. By the way, a lot of the questions you get asked will be phrased in a yes or no manner, so you don't have to be working in a lot of details. And if there are any questions that require more description than you can give, ask to take a break. Plus, you have the benefit of having the interpreter there, because it gives you extra time to think about the answer. So you don't have to feel rushed. When the questions are asked you can take the time to you think about them and compose yourself.

SURVIVOR: (*softly*) I really don't know how to thank you.

ADVOCATE: (*smiling*) Sure, it's my pleasure.

After completing this role play, with your partners discuss and write down what you observed and felt while acting out the role play.

MODULE 6

TECHNIQUES TO PROMOTE SURVIVOR AUTONOMY

LEARNING OBJECTIVES

LEARNING OBJECTIVE 6.1

Demonstrate and practice effective strategic mediation techniques when interpreting for crime victims.

LEARNING OBJECTIVE 6.2

Compare and contrast strategic mediation techniques in legal vs. non-legal community settings.

LEARNING OBJECTIVE 6.3

Practice interpreter decision-making in sensitive encounters that supports survivor autonomy.

Activity 6.1 (a): Role Plays

INSTRUCTIONS

1. In groups of three, act out the following role plays as directed by your instructor.
2. A different person should play the interpreter for each role play.
3. If you are playing the interpreter, decide how you will handle the situations that you are presented with. Will you intervene—or not? If so, be sure to remember why you do and what you say.
4. If you are *not* playing the interpreter, and the interpreter does intervene in any of the role plays below, try to remember what he or she says.
5. At the end, the person who plays the interpreter should be ready to say why s/he did or did not intervene

Role Play #1: The Temporary Restraining Order (TRO)

Note: *For this role play, it is very important to tell the interpreter the following information: The interpreter has interpreted for the LCSW-C's client in the past and knows that the client and Jimmy were serious boyfriends. In other words, the interpreter knows that the client is lying.*

Licensed Certified Social Worker–Clinical (LCSW-C): *(polite and friendly voice)* You've asked us for help in getting a Temporary Restraining Order—a TRO. We can try to get you a pro bono attorney so that you wouldn't have to pay anything for legal help. But first, it's important for us to have all the facts.

CLIENT: *(sounding angry)* I thought I already discussed all the details. What else do I have to do to get that man to stop harassing and stalking me?

LCSW-C: Well, I'm not the attorney, and the attorney will want to know exactly what happened in order to decide whether or not she can represent you. I want to do everything I can to help convince a lawyer to take your case. So my job is to collect enough details so that we can get you a free lawyer.

CLIENT: But I thought that was what the hearing was for.

LCSW-C: What hearing? Do you mean the CPO hearing?

CLIENT: I think so. How many times does it have to happen before I will get hurt? I want to feel safe again.

LCSW-C: I realize this may seem inconvenient, but we do need to hear the details of what happened to you.

CLIENT: *(sounding scared and upset)* I told you, Jimmy has been following me, calling me, sending me packages in the mail and showing up everywhere I go. When I turned him down he tried intimidation at first. You know, the dirty looks and lewd gestures. But now he seems to be everywhere I turn.

LCSW-C: You say that you turned Jimmy down, but were you ever in a romantic relationship? I ask because our intake form has a question about your relationship with the person you're seeking protection from.

CLIENT: *(sounding angry)* No, I told you, we never were a couple. Just colleagues. Well, all right, we were together one night. But that's it. I've never even interacted with him in a social setting.

(Note to the "LCSW-C" and the "client": *If the interpreter does not intervene, improvise just a few more sentences to see if he or she does decide to intervene to address that the client is lying.)*

Role Play #2: At the Hospital

TRIAGE NURSE: *(friendly voice)* Hi, so what brought you to the Emergency Room tonight?

DOMESTIC VIOLENCE (DV) VICTIM: *(soft voice barely above a whisper)* I'm hurt.

TRIAGE NURSE: When did you get hurt?

DV VICTIM: *(whispering)* This afternoon.

TRIAGE NURSE: (*friendly voice*) Why don't you tell me what happened? How did you get hurt?

DV VICTIM: (*soft voice barely above a whisper for the rest of this conversation: force the interpreter to do something to address the soft voice*) I fell and I cut myself.

TRIAGE NURSE: (*friendly voice for the rest of the conversation*) Are you bleeding?

DV VICTIM: Not much.

TRIAGE NURSE: When did this happen?

DV VICTIM: This evening. Maybe—I don't know—a couple of hours ago.

TRIAGE NURSE: How big is the cut?

DV VICTIM: Uh—a few inches.

TRIAGE NURSE: What did you fall on?

DV VICTIM: Just—the floor.

TRIAGE NURSE: And how did you cut yourself? Was it glass, or was there a sharp object like maybe a nail that was on the floor?

DV VICTIM: Well, I slipped and fell on a tile floor and the glass pitcher I had in my hands broke, and I got cuts all over my hands and forearms.

TRIAGE NURSE: (*friendly voice*) Have you washed your hands and the injuries?

DV VICTIM: Uh. Yesssss.

TRIAGE NURSE: Just with water and soap, or did you use any disinfectant like alcohol on it?

DV Victim: (*clearly uncomfortable*) Well. Uh. I guess—water and soap.

TRIAGE NURSE: Did you do anything else to stop the bleeding?

DV VICTIM: (*turns and speaks to the INTERPRETER*): That's not really what happened but don't tell her, I'm too ashamed to say the truth.

[NOTE TO THE VICTIM AND NURSE: *You can improvise a bit if the interpreter intervenes or gets involved in any way beyond interpreting what the DV victim said.*]

DV VICTIM: (*turning back to the nurse and still speaking in a soft voice barely above a whisper*) I rinsed them under the sink and wrapped them in a kitchen towel but the bleeding won't stop so I came here for treatment.

TRIAGE NURSE: (*friendly voice*) Please remove the kitchen towel so I can take a look at your hands. (*glances down and now her voice goes very soft*) Listen, violence is just so common in many people's lives, I've started asking all my patients about it. I don't know if this is a problem for you, but quite a lot of the women I see here at the hospital are dealing with abusive relationships. Some patients are just too afraid or uncomfortable to mention, so that's why I've started asking about it routinely. So...have you ever been hurt or threatened by your partner?

DV VICTIM: Oh! I mean—well—maybe—sometimes.

TRIAGE NURSE: Are you in a relationship with a person who physically hurts or threatens you?

DV VICTIM: What—do you mean?

TRIAGE NURSE: Let's say—have you ever been hit, kicked, slapped, pushed, or shoved by your partner?

DV VICTIM: (*to the interpreter, whispering*) What should I tell her?

Role Play #3: The Date-Rape Drug

ADVOCATE: (*calm voice*) Hello, my name is Rhonda. I'm just going to ask you a few questions.

Sexual assault survivor: (*quiet and low voice*) I don't feel much like speaking right now. Do we have to?

ADVOCATE: I understand your reluctance; I think anyone could feel reluctant in a situation like this. But it's important for us to get you the help you need. Do you feel like you can tell me what happened?

Sexual assault survivor: I was attacked when I left the bar to head to the subway on my home. But I got away after—after it happened. I was stumbling down the street, and a couple helped me and brought me here.

ADVOCATE: If you didn't make it home, then you probably haven't washed, combed, or cleaned any part of your body, correct? Or changed your clothes? It's really important that you don't take any of your clothes off or wash away any evidence.

Sexual assault survivor: (*moaning*) No, I haven't showered or changed yet. When will I be able to? I feel unclean all over!

ADVOCATE: You need to be examined as well as treated for any injuries. They will also screen for any sexually transmitted infections also known as STIs or pregnancy. And give you some prophylaxis medications. Also, are you familiar with the PERK kit? For physical evidence recovery?

Sexual assault survivor: No, I don't know what that is.

ADVOCATE: A sexual assault nurse examiner, they're often called SANE nurse—she'll collect legal evidence using a PERK kit to check for fibers, hairs, saliva, semen, or anything else that the attacker may have left behind.

Sexual assault survivor: I really don't remember the attack, everything is fuzzy.

ADVOCATE: Well, just because you don't remember what happened doesn't mean you weren't assaulted. It's pretty common to have all kinds of reactions after an assault, like shock or numbness, or blaming yourself. Or feeling like you have lost control and disoriented and helpless. It's not your fault, but you may be feeling a kind of helplessness, a sense of vulnerability and fear so you get into self-blame for "allowing" the crime to happen. Honestly, though, you might also be suffering memory loss from ingesting what are called club drugs.

Sexual assault survivor: Club drugs? Oh my God, you mean like, **date rape** drugs? (*says the last three words in English*)

ADVOCATE: Or the memory loss might be a result of drinking a lot, which is something the police will need to determine, but right now I think you need to hear that what you're feeling is not unusual.

Sexual assault survivor: (*quiet and low voice*) Oh, okay, then, what happens with everything that gets collected?

ADVOCATE: (*calm voice*) You'll have an opportunity at the hospital to report your attack. And then all the evidence that gets collected becomes part of the case.

Sexual assault survivor: (*gets up*) That's it. I'm not doing this. I'm leaving. Don't try to make me stay. (*turns to go away*)

Activity 6.1 (b): Appropriate or Inappropriate Mediation?

INSTRUCTIONS

1. On the walls you will find poster paper with the following mediation scenarios, one on each sheet.
2. Below each scenario you will find two columns marked "Appropriate" and "Inappropriate."
3. Working in pairs, you will be given a marker.
4. Following the directions of your instructor, for each scenario, use your marker to indicate whether you find the interpreter's mediation *appropriate* or *inappropriate* by putting a checkmark in the appropriate column.
5. Note that in all cases you can assume that the interpreter DOES interpret or report the mediation for the other person(s) present.

Scenario #1

The survivor falls silent, and you, the interpreter, feel certain that the reason for this silence is that the survivor is female and the social worker is male. You tell the provider, "The interpreter thinks the client is uncomfortable because you're a male, and in her religion that's not a good situation."

Do you find this type of mediation appropriate or inappropriate?

Scenario #2

The victim is so traumatized that s/he is having a hard time understanding the attorney, who is speaking too quickly and in a very high register. The victim comes from a tiny village. As the interpreter you tell the provider, "Could you please simplify what you're saying so the client understands you? S/he comes from a rural area and s/he is not following what you say."

Do you find this type of mediation appropriate or inappropriate?

Scenario #3

The torture survivor, a refugee, is describing an intelligence agency called the TFI that tortured him. You intervene to tell the paralegal performing the intake, “The TFI, it’s their intelligence service, sort of like the CIA in the U.S.”

Do you find this type of mediation appropriate or inappropriate?

Scenario #4

After a mass disaster, in a school being used as a family reunification center, you are following around a volunteer disaster responder to interpret as needed, but right now you are not needed. A parent whom you just interpreted for a few minutes earlier approaches you on her own and mentions confidentially that she is being beaten by her husband. You give her the name of a domestic violence shelter.

Do you find this type of mediation appropriate or inappropriate?

Scenario #5

At the home of a stabbing victim, you arrive with the police and the paramedics. The woman tells everyone she was stabbed by a stranger, then in a private moment catches you alone and tells you the truth: Her brother did it. But she orders you not to tell the police. You inform her that you will tell the police and you do so.

Do you find this type of mediation appropriate or inappropriate?

Scenario #6

The victim is suicidal. After the session with the therapist you remain very worried about this victim. On the way out, you mention to the victim, very softly, that a similar crime happened to you but that you are much, much better now and that most people do get better.

Do you find this type of mediation appropriate or inappropriate?

Scenario #7

You have good reasons to feel fairly sure that the survivor doesn’t believe in having blood drawn because of a common cultural belief in his region that losing even a little blood could cause evil spirits to enter his body and kill him. The survivor doesn’t tell this to the doctor, who definitely needs the results of this blood test to care for the survivor. You are afraid the survivor will just go away and not come back.

You tell the doctor, “For cultural reasons, this patient doesn’t believe in having blood drawn.”

Do you find this type of mediation appropriate or inappropriate?

Scenario #8

You are pretty sure the survivor has no idea what the social worker is asking her to do. You stop the session to ask the survivor if she understands the instructions.

Do you find this type of mediation appropriate or inappropriate?

Activity 6.2 (a): Mediation Practice (Strategic Mediation Model)

INSTRUCTIONS

1. In pairs, act the following very short examples of interpreter requests for clarification in groups of three as directed by your instructor.
2. The interpreter may read the scripts.
3. The person who reads the text out loud is not the interpreter. The person listening to the text will request clarification of the term in italics.
4. Take turns playing the interpreter.
5. When the interpreter makes a request for clarification, *keep the term in italics in the source language.*
6. Request clarification of any terms or expressions you see in italics *even if you know how to interpret them in your other working language.* (In other words, pretend you don't know how to interpret that term or phrase.)
7. For statements by the victim, if both partners share the same working languages, the partner who reads the scripted sentence out loud will try to sight translate it into the target language.
8. When you intervene you can say things like, "The interpreter requests a clarification of *ongoing case management.*"
9. If you finish early, repeat the exercise by doing the examples your partner did previously and that you did not do.
10. For each request, whoever plays the interpreter should intervene as suggested by following the steps for the Strategic Mediation Model (Bancroft et al, 2015, p. 238):
 1. Interpret what was just said or signed.
 2. Identify yourself as the interpreter.
 3. Mediate briefly.
 4. Report your mediation to the other party.
 5. Continue interpreting.

Clarification #1

CASEWORKER: So we can also provide you with *ongoing case management.*

[Interpreter requests clarification following the five steps of the Strategic Mediation Model]

CASEWORKER: Oh, sure, I'll be happy to explain.

Clarification #2

SANE nurse: Let me just fetch the PERK kit, and I'll be right back.

[Interpreter requests clarification following the five steps of the Strategic Mediation Model]

SANE nurse: Yes, yes, I was going to explain when I get back, but it's the Physical Evidence Recovery Kit, and it's what we use to collect legal evidence of the assault. I'll explain more when I get back.

Clarification #3

Victim: So then I went to Mahira and I said, My sister, please do not tell anybody what happened to me.

[Interpreter, knowing that "sister" in the victim's culture could mean blood sister, cousin, a distant relative or a friend, requests clarification following the five steps of the Strategic Mediation Model]

Victim: Oh, yes, Mahira is my cousin, the oldest daughter of my father's sister.

Clarification #4

ADVOCATE: And they can also give you the *morning-after pill* if you want.

[Interpreter requests clarification following the five steps of the Strategic Mediation Model]

ADVOCATE: Oh, right. That's a pill that prevents pregnancy so you can take it after a sexual assault if you're worried about having a baby. Sometimes people call it the abortion pill, but don't listen to that because it isn't true, it won't stop a pregnancy that's already happening. This is a pill that *prevents* the pregnancy.

Clarification #5

SURVIVOR: Who did it to me? They did it for revenge against my brother. It was a Mandiyyas thing.

[Interpreter requests clarification following the five steps of the Strategic Mediation Model.]

SURVIVOR: I'm sorry. The Mandiyyas, they are like a gang of criminals but from my culture.

Activity 6.2 (b): Role Play: Unfamiliar Terms

INSTRUCTIONS

1. Now act out the same type of strategic mediation as in the exercise above, only this is groups of three in a brief role play as directed by your instructor.
2. Follow the same steps as before, but use positioning and note-taking as needed; in all other ways, pretend these are real situations.
3. This time, whoever plays the interpreter will not, as usual, see the script.
4. If you have time, start over with a different person playing the interpreter each time.
5. Whenever you intervene for any reason, follow the five steps of the Strategic Mediation Model.

1. Interpret what was just said or signed.
2. Identify yourself as the interpreter.
3. Mediate briefly.
4. Report your mediation for the other party.
5. Resume interpreting.

CASEWORKER: You might also be able to apply for WIC.

[Interpreter intervenes]

CASEWORKER: WIC stands for Women, Infants, and Children. It's a supplemental nutrition program that provides food, nutrition counseling, and other services to pregnant women, new mothers, infants, and children up to age 5.

Victim: I'd like to apply for that. Can I? Am I eligible?

CASEWORKER: Do you already receive SNAP benefits?

[Interpreter intervenes]

CASEWORKER: SNAP is the official name for food stamps. It stands for Supplemental Nutrition Assistance Program. Do you have an electronic card from the government that allows you to buy food?

Victim: Oh, sure, yes, I do have a food stamps card.

CASEWORKER: There's a prescreening tool we can fill out online together to make sure you're eligible, and then I can tell you where to apply.

Activity 6.2(c): Writing Scripts for Mediation

INSTRUCTIONS

1. Below, you will find some common divided into two sections: legal interpreting and community interpreting.
2. For each scenario, please assume that an intervention is appropriate. (If you disagree, that is understandable: consult your instructor.)
3. Write down an appropriate interpreter mediation in both your working languages.
4. Be very careful not to "explain" anything and instead simply state what you believe is the cause of the misunderstanding or concern. Identify the *linguistic* cause for a misunderstanding (for legal mediation) or any cause (for community mediation).
5. Here are examples of the kinds of mediations you could perform; note that you would intervene by referring to yourself as "the interpreter" for legal interpreting, and you can also choose to do so even for community interpreting.
 - *Excuse me, the interpreter senses a misunderstanding about [term, concept, issue].*
 - *As the interpreter, I'm concerned there is a breakdown in communication about [term, concept, issue].*

- *The interpreter is concerned that what s/he interpreted about [term, concept, issue] isn't clear.*
- *As the interpreter I am afraid what I interpreted about the instructions for [next steps/procedures] isn't clear.*

Please do not say, "The client doesn't understand," or ask the survivor directly if s/he understands. Checking for understanding is the provider's role. Through your mediation, you are discreetly trying to get the provider to do so.

Legal scripts (linguistic mediation)

Scenario A

The survivor is so traumatized that you can observe through her body language, her speech patterns, her hesitations and general air of seeming lost that s/he is having a hard time understanding the paralegal, who speaks very quickly and in high register. The survivor comes from a small, remote village, and you suspect that she is not literate in her own language.

Your script (in both languages)

Scenario B

At the home of a stabbing victim, you arrive with the police and the paramedics. The woman tells everyone she was stabbed by a stranger, then in a private moment catches your arm and tells you the truth: Her brother did it. But she orders you not to tell the police. You inform the police and her that you will interpret what she said and why you must do so.

Your script (in both languages)

Community interpreting scripts

Scenario C

The victim falls silent, and you, the interpreter, feel certain that the reason for this silence is that the victim is female and the social worker is male. You are very concerned that communication will break down completely and the survivor's trust will be broken if this problem is not addressed, but the provider seems unaware of the problem.

Your script (in both languages)

Scenario D

After a mass disaster, in a school being used as a family reunification center, you are following a volunteer responder to interpret if you are needed. However, right now you are not needed. As you stand there by the responder, a parent that you just interpreted for a few minutes earlier approaches you on your own and mentions confidentially that she is being severely beaten by her husband.

Your script (in both languages, because you will also speak to the responder)

Scenario E

You have good reasons to feel fairly sure that the survivor doesn't believe in having blood drawn because of a common cultural belief in his region that losing even a little blood could cause evil spirits to enter his body and kill him. The survivor doesn't tell this to the doctor, who definitely needs the results of this blood test to care for the survivor, including testing for HIV. You are now afraid the survivor will just go away and not come back to get tested, ever.

Your script (in both languages)

Activity 6.3: Mediation Role Plays

INSTRUCTIONS

1. Act out these role plays in same-language triads if possible.
2. If two of you speak the same language and the third person does not, the third person should play the social worker or the attorney.
3. The interpreter *must not look at the script*.
4. During the pause between Parts 1 and 2 of the first role play, switch interpreters; and then again between Parts 2 and 3, switch interpreters.
5. For the second role play, switch interpreters again.

Role Play #1: The “Dirty” Surprise

Note 1: Inform the person who plays the interpreter that the word “dirty” in the client’s language and in the context of this scenario would not mean literally dirty. It would be a euphemism for prostitution—the sex trade.

Note 2: The purpose of this role play is to throw in a number of situations where an interpreter might want to intervene. The role play is a realistic scenario based on a true story. Different interpreters will make different choices about if and when to intervene. Some might even choose not to mediate at all.

PART 1

SOCIAL WORKER: I know that before, you were getting funds from your church that helped you pay for housing. And when they weren’t able to pay any more, and you still couldn’t pay rent on your own, then we were able to step in for a while. And I’m sorry we ran out of funds and couldn’t help you with the rent anymore. But I understand you’re still in the same apartment?

SURVIVOR: Yes.

SOCIAL WORKER: Have you gotten any notice about late rent or eviction or anything like that?

SURVIVOR: No I’ve pretty much been able to pay rent. It hasn’t been easy. I can’t say it’s been easy. But I’ve paid it.

SOCIAL WORKER: How are able to find the money? Are friends helping you? How are you able to come up with the money to pay the rent right now?

SURVIVOR: *(silent falls and she looks away)* It’s hard. It’s kind of dirty.

SOCIAL WORKER: Well, that’s okay, I can imagine in your situation right now it’s hard to find the money or energy to clean up after yourself and your kids. Do you need any help buying cleaning supplies?

SURVIVOR: *(doesn’t answer, looks away and sighs)*

SOCIAL WORKER: *(count up to 60 seconds before the social worker speaks)* Are you okay? How are you feeling right now?

(Note to provider and survivor: Don't do anything now. Let the silence play and wait to see what the interpreter says or does. Improvise for a few sentences based on what the interpreter does. Then proceed to Part 2 below and, if so instructed, let someone else play the interpreter.)

PART 2 (CHANGE INTERPRETER)

(Survivor is looking at the ground and not making eye contact with anyone.)

SOCIAL WORKER: So when you said the situation is kind of “dirty,” you meant that the way you earn money to pay your rent is by going out with men?

SURVIVOR: *(glances away)* Uh—yes.

SOCIAL WORKER: Wow. I had no idea. I'm so sorry that anything like that's going on right now, but it was really brave of you to share that with me. Now that I know, there are a few things we should probably talk about because there are some things you may need help with. I can help you, but first, I want you to understand that what I heard just now doesn't change the way I see you. I still see you as a good mom, a good person, and I want to find ways to help you stay healthy and safe.

SURVIVOR: *(after looking at the ground, she makes eye contact with the provider)* What kind of ways? I don't understand. What do you mean?

SOCIAL WORKER: When you go out to do this work, do you have protection? Do you have access to condoms? We have some here for free, and I'm happy to give them to you, and I can put them in a bag for you so other people can't see them.

SURVIVOR: Oh. Oh, well, okay, I guess. How many?

SOCIAL WORKER: I can go get the bag and you can see what's in the bag and you are welcome to take as many you need.

SURVIVOR: Well. They cost money, so yes, thanks, I will do that.

SOCIAL WORKER: Do you know how to put them on?

SURVIVOR: Yes, honestly I do.

SOCIAL WORKER: Good. So do you pinch it at the top and roll it down?

SURVIVOR: Yes. That's the way I do it.

SOCIAL WORKER: And you know you roll it all the way down to the base?

SURVIVOR: Yes, I know how to do that.

SOCIAL WORKER: Another thing. I don't know if you're worried about your health, but if you'd like, I can help you make a doctor's appointment so you can talk to your doctor about your risk and get tested if you want for STIs to make sure you're healthy.

PART 3 (LET SOMEONE ELSE PLAY THE INTERPRETER)

SOCIAL WORKER: STI stands for sexually transmitted infection. Things like chlamydia and gonorrhea and HIV.... And you need the tests to find out if you need medication. Do you want help making a doctor's appointment today?

SURVIVOR: Uh—I don't know if I want to be tested. Can I—can I have some time to think about that and maybe tell you at my next appointment?

SOCIAL WORKER: Sure, of course you can. Do you have any other concerns regarding all this that you wanted me to discuss further? Anything I might have missed?

SURVIVOR: No, you're very kind.

SOCIAL WORKER: Well, one more thing. Sometimes when you go out you may feel like you're in a dangerous situation. It's important for you to maintain awareness of your surroundings and the people around you. So if you ever get a bad feeling about someone, you don't have to go with that person. And if you keep your phone with you at all times, that's important. You can call for help, and if you call the police and you're worried about your immigration status in DC, just so you know—they're not allowed to ask you about that.

SURVIVOR: But sometimes...well, sometimes I work in Maryland, not DC. Is that a problem? Will the police ask me if I'm illegal?

SOCIAL WORKER: Okay, put it this way. If you're not in DC, please know that I care about you and your safety a lot. Your safety is the number-one priority for me and, I hope, for you, too. So I'd rather you be safe and have complications with your immigration case than not be safe.

SURVIVOR: *(starts to cry)* It's true, it's true. Sometimes I don't feel safe. And sometimes I just—I just hate myself. It's a smoke darkness.

(See if the interpreter intervenes)

SURVIVOR: "Smoke darkness" means—well, in my religion it means not hell exactly, but it means you're doing something bad that could lead you to hell.

SOCIAL WORKER: Thanks for sharing that. The fact you're feeling this way says to me that you're in a really difficult situation and feeling a bit desperate. It IS a really difficult situation you're in, and I want to reiterate and let you know again that this has not changed the way I see you. You're a good person who's in a really difficult situation, and I want to be here to support you the best I can, both in keeping you safe now and planning for a better future with you. I'm going to keep working with you on that, but I want you to know there's no judgment here. I'm just glad you're safe.

SURVIVOR: Thank you, thank you. God bless you and bless your family and your children and your children's children. I hope God gives you many blessings for your good kind heart, and I hope God blesses this place, too, because you help so many people. And you know, so much goodness will come back to you. I know it will come back to you. You are spreading goodness like perfume.

ROLE PLAY #2: THE STALKING CASE

Note: *The interpreter should be aware that in the culture of this client, it is quite common that a gesture like pointing toward the ear could be interpreted as a death threat. MAKE SURE TO TELL THE INTERPRETER THIS. (Note: This role play would not be suitable for signed language interpreters because the survivor's gesture would be automatically interpreted.)*

CASE MANAGER: Olga, for this intake, I want you to know that the interpreter is here to interpret. She's not here to answer questions. The interpreters have their own confidentiality agreements that they sign as part of their job, so please speak like you're talking directly to me. If you talk to the interpreter, I may remind them to just talk to me as if I speak the same language that you speak. Okay?

OLGA: Okay. Thanks for bringing in the interpreter. I thought I could do this in English but I'm too nervous and emotional. I really, really appreciate that you brought me an interpreter.

CASE MANAGER: We're happy to do it. We know how hard it can be to try and do this in English. Now, do you know the person who is stalking you?

OLGA: Yes, it's my former blond.

[Give the interpreter a chance to intervene.]

OLGA: *(laughs)* I'm sorry. Where I'm from, "blond" is just a word we use for boyfriend. I meant the young guy I used to go out with.

CASE MANAGER: I know he showed up at your class recently. But can you tell me a little bit about the history of the relationship? When did you two start going out together?

OLGA: Last year. But I broke it off. He wasn't nice.

CASE MANAGER: Okay. Can you give me any recent examples of what you mean?

OLGA: We saw each other for two months, but he was very controlling, and I wasn't comfortable so I broke up with him.

CASE MANAGER: When was that? And where?

OLGA: Four months ago, at a restaurant near the campus.

CASE MANAGER: And when you broke up with him, how did he respond to that?

OLGA: He seemed very depressed, he just kept begging me to take care of him and take him back, but I just wanted to get out of the relationship.

CASE MANAGER: How soon after you broke up did he contact you?

OLGA: I got a text the next day. He said, "Please talk to me."

CASE MANAGER: When you ended things at the restaurant, did you tell him anything about contacting you? What did you say to him about whether or not you wanted any additional contact?

OLGA: No I didn't say anything like that. As far as I was concerned, it was over.

CASE MANAGER: Just so you know, I ask that question not because what you did was wrong but because if we get you a lawyer, it will help the lawyer discuss your options. So after he sent that text message, did you respond to him?

OLGA: I said I was busy.

CASE MANAGER: How did he react?

OLGA: He texted me back, he said he wanted to see me. I said no and he started texting me all the time. I was actually scared, but my friends said he's an idiot, just ignore him.

CASE MANAGER: Have you ever responded?

OLGA: I kept trying to tell him relationship was over. I mean by text, but then he started calling me.

CASE MANAGER: Okay, I know this might be hard for you to estimate. But approximately how many times was he text messaging you?

OLGA: I think—three or four messages a day to start with, and then worse every day. Even after he started calling me he was still texting me too. And emailing.

CASE MANAGER: And what was going through your mind?

OLGA: Right away I was, like, strangling. I was suffocating. Like I couldn't breathe, you know?

CASE MANAGER: Feeling that way is definitely not uncommon when someone is contacting you after you've asked them to stop. You said that he then started calling you. How soon was that after you broke up?

OLGA: I want to say...three or four days.

CASE MANAGER: And how many times a day would he call?

OLGA: At the beginning, let me see...I guess two or three times a day. I didn't answer at first, then I did. But I only answered just to ask him to please leave me alone and stop calling. But it got worse and worse.

CASE MANAGER: So you didn't answer at first but then you did. Please keep in mind there are no right or wrong answers to any of my questions. How long after he started did you answer him?

OLGA: After two days of him calling.

CASE MANAGER: So he didn't respect your requests to have him stop calling you. Was he calling from a number you knew, or a number you could see in your phone or was it restricted or private number?

OLGA: To be honest, I'm not sure. Mostly it was his cell phone.

CASE MANAGER: Did he leave you voicemails?

OLGA: Yes, a bunch. I have them.

CASE MANAGER: Did you ever call him back?

OLGA: No, I never called him.

CASE MANAGER: Before he showed up near your class where would you see him normally?

OLGA: I met him at a social event for foreign students. Occasionally I would see him. But we don't have any classes together, so I never saw him near my classes until yesterday.

CASE MANAGER: I understand that you saw him near the doorway of your statistics class in the Braeburn Building, is that correct?

OLGA: Yes, and that really, really scared me because it's the third time in a week. Maybe it's not rational, but it just scared me.

CASE MANAGER: When was the first time he showed up against your will?

OLGA: Two weeks after the breakup. But it was after class.

CASE MANAGER: When he showed up after class, what happened?

OLGA: He didn't say anything, he just gave me this really weird dark look. I think because I was trying to pretend I didn't see him.

CASE MANAGER: That first time you saw him outside the class where was he in relationship to the classroom?

OLGA: Um. Five yards back from the entrance.

CASE MANAGER: And you said he was staring at you. Was he doing anything else?

OLGA: He was making threatening gestures like this. [gestures to her ear] And he looked really angry when he did that.

CASE MANAGER: What?

OLGA: It was really scary.

CASE MANAGER: Interpreter, what does that gesture mean?

[Let the interpreter decide how to handle this request, and do NOT show the interpreter this note until after the role play ends. But the lawyer should be persistent and Olga should NOT offer to explain what the gesture means, or at least not immediately. In fact, Olga may ask the interpreter to explain it instead, to put more pressure on the interpreter. In reality, it is the interpreter's job to make sure the client explains it.]

MODULE 7

CULTURAL MEDIATION

LEARNING OBJECTIVES

LEARNING OBJECTIVE 7.1

Discuss the impact of overprotectiveness, unconscious bias and undermining victim autonomy when interpreting for crime victims.

LEARNING OBJECTIVE 7.2

Identify cultural concerns in victim services interpreting.

LEARNING OBJECTIVE 7.3

Identify and practice effective cultural mediation techniques for victim services interpreting.

Activity 7.1 (a): Coarse and Profane: How Do We Feel?

INSTRUCTIONS

1. Close this workbook (if you have it open).
2. Your instructor will divide you into pairs and ask you to stand up, and then will read a list out loud of coarse and profane expressions from the list below, one by one.
3. You will take turns interpreting them into your other working language (if you have more than one, choose one of them) to your partner.
4. It does not matter, for purposes of this exercise, if your partner understands or speaks your other working language.
5. After the exercise is finished, sit down and write in the blank lines below how you felt while you were interpreting these phrases.
6. Then write down whether, and how, you think your personal cultural background might have influenced your feelings.

7. Now take turns with your partner, reciting the terms directly from the list below while your partner interprets them. (You can recite one column, and your partner can recite the other column.)
8. Did you feel differently the second time than you did when you interpreted these terms the first time? If so, why? If not, why not?

What I felt (in my body)

What I felt (in my mind and emotions)

How my culture might have influenced my feelings

List of expressions that you interpreted

What a pile of poop.	She drank too much; she was totally shit-faced.
So then I was up shit creek.	I don't give a flying fuck.
That took balls, man.	So he said, like, dude, check out these hot-ass bitches.
You douchebag.	You piece of shit.
Kiss my ass.	That slut, she's like the boss's little bitch.
Check out her rack!	He's just a lame-ass motherfucker.
Piss off.	You cocksucker.
What a faggot.	He called me a douchebag.
Abso-fucking-lutely.	Go fuck yourself.
Stupid dickhead.	You royal cunt.
We are just shit out of luck.	She just got herself bitch-slapped.
What a dildo.	Stop fucking with me.
You are so fucked up.	Fuck the fucking fuckers.
You dumb fuck.	That dyke.
She's a horny hoe.	Jesus Christ, you can kiss my ass.
Up your ass, you bastard.	What a mother-fucking cocksucker!
Get your shit together.	

Activity 7.1 (b): How Should I Answer?**INSTRUCTIONS**

1. The class will be divided into pairs.
2. Stand up.
3. Partner #1 will get a handout with the provider script below (Encounter A) and read it out loud. Partner #2 will play the interpreter and respond naturally. *Then write down in the lines below Encounter A what the interpreter said in response to the provider's request.*
4. For Encounter B, Partner #1 plays the interpreter, and Partner #2 plays the survivor. Partner #2 will read the survivor's text to Partner #1 and let the interpreter respond to the survivor's request. *Then write down in the lines below Encounter B what the interpreter said in response to the survivor's request.*
5. Do not show each other your scripts until after you have finished the two encounters.

ENCOUNTER A

Provider: Interpreter, I really didn't understand what she saying about what her husband did to her. Is she saying that in her country, it's all right for husbands to rape their wives?

Now write down what the interpreter said:

ENCOUNTER B

SURVIVOR: Everyone in my family is telling me not to file charges. I can't handle this. The advocate doesn't understand. You know the culture. Please tell the advocate what my situation is really like.

Now write down what the interpreter said:

Activity 7.2(a): Unfamiliar Cultures

INSTRUCTIONS

1. Culture is broad. Read the following brief scenarios adapted from interviews with victim service providers in the District of Columbia.
2. In pairs, decide which of these six cultural situations, in the broadest sense of culture, might be hardest for you interpret and why.
3. Then write down in the lines following each example which professional, personal, institutional and other cultures might be involved in each case that could impact an interpreter (e.g., prison culture, LGBTQ culture, hospital/ biomedical culture...).
4. Then answer the question that follows the scenarios.

a) Advocate. *Last week, I had a client who was a transwoman who was assaulted by a man at a club who was not aware that she was a trans. So this [sexual assault] has already started when the guy found out that she had male genitalia. And then it got much more violent than it already was.*

b) Emergency room. *People can be high on various drugs all at once and are not calm and difficult to communicate with to start with. When you add another person in the room—the interpreter—it can escalate.*

c) Detention. *There's one client was bleeding and wanted to have her handcuffs unlocked. The guard didn't say anything, just kind of shook his head. And that was obviously a very emotional situation with no response from the guard. It was hard on all of us, including the interpreter, but we couldn't argue with the guard.*

d) Hospital SAFE exam. *People are in all various states of undress, and there are both vaginal and anal exams sometimes. So it's awkward, and it can feel uncomfortable.*

e) Case manager. *We sometimes have prisoners and/or sex workers, and I think that's initially a different culture from what many [interpreters] expect. It can also be difficult to not show emotion when something like that comes up. For all of us, not just the interpreters.*

Which situation above might be hardest for you to interpret for? Why?

Activity 7.2 (b): Cultural Mediation Role Plays

INSTRUCTIONS

1. Act out the following role plays according to the directions of your instructor.
2. First, read the notes that begin each role play. However, after reading that note together, the interpreter should not see the script while acting out the role play.
3. Let the interpreter decide whether or not to perform cultural mediation.
4. Discuss, as a group, whether you agreed with how the interpreter handled the cultural situation and/or other ways of managing the cultural concern in each role play.

Role Play #1: The Female Advocate and the Male Teen Sexual Abuse Survivor

Note: *The interpreter knows that, in the culture of this teen's country of origin, sexual abuse may not be discussed often, and for him to speak to a female advocate may be overwhelming or impossible. In addition, the level of shame for a male to be sexually abused or shamed could easily lead to ritual suicide.*

The boy was raped by a male high school teacher after the teacher took nude photos of him, and he is severely traumatized. He has just been to the hospital, given a statement to police and had to deal with his extended family and his parents, who are furious with him and blaming their son for allowing the photographs. The father has just beaten the son and told him he'd be better off dead. The interpreter has interpreted all this for the police a few days before this meeting.

ADVOCATE: How have things been going? It seems like things might be a little rough at home.

VICTIM: *(hesitant voice)* Things are okay.

ADVOCATE: It feels like you're nervous or upset.

VICTIM: It's kind of confusing.

ADVOCATE: Sure that makes a lot of sense. Is there anybody that you feel safe talking to?

VICTIM: Not really. It's hard.

ADVOCATE: Have you been able to speak about this to anyone?

VICTIM: *(No answer. Long silence.)*

ADVOCATE: This seems pretty overwhelming, doesn't it?

VICTIM: *(No answer. Long silence.)*

ADVOCATE: *(softly)* It must be hard at school.

VICTIM: *(No answer. Long silence. Then turns to the interpreter and says)* You know what it's like in our culture. You tell her. I can't talk about this.

(Give the interpreter a chance to decide how to handle this situation.)

ADVOCATE: There's a group that we work with that specializes in working with the Asian [*Latino, African...*] community. Would you be interested in working with them? A lot of their staff speaks languages like yours, and they understand the cultural divide. Is that something you would be interested in?

VICTIM: What languages do they speak?

ADVOCATE: There's about 20 different languages. They have bilingual case managers and case workers and advocates. Not legal, they refer out for legal. But you could stay here for the legal services piece if you want. I would be happy to call them up and check with them, I'm not perfectly sure they have your language.

VICTIM: Yes, I am very interested to know if they speak [*insert the appropriate language*].

ADVOCATE: Wonderful. I'll check with them. If they have your language, would you prefer that they call you directly?

VICTIM: No, let me call them.

ADVOCATE: Whatever you feel comfortable with. I feel happy to work with them or if you feel comfortable, you know. What would make you feel most supported in this situation.

VICTIM: Thanks. I appreciate it.

ADVOCATE: Of course, whatever works best for you, we're here to support you.

Role Play #2: The Angry Victim

Note: *For this role play, the interpreter knows that in the culture of the client, everyone in the community should help each other. The case manager is a heritage speaker of the same language spoken by the client (in other words, s/he grew up in this country and doesn't know or understand all the cultural values of her parents' country, region or extended family). But she doesn't speak the language well enough to provide direct services, so the interpreter was brought in.*

The interpreter knows that to say, "I can't help you," is a very deep cultural insult, but the case manager—even though she is of the same ethnicity as the client—clearly doesn't know that she has just made a cultural gaffe (mistake).

CASE MANAGER: I'm afraid we can't help you. Not tonight anyway. I'm sorry.

DOMESTIC VIOLENCE (DV) CLIENT: You have to get me into a shelter tonight. You're from my people, we're from the same community. Don't you think people from my community should help each other?

CASE MANAGER: We're trying, we've called up a lot of places. It's not that easy.

DV CLIENT: I'll have to sleep in your office.

CASE MANAGER: I'm sorry, that's not possible, but—

DV CLIENT: (*bursts out in anger*) This is your fault! It's *your* responsibility to make sure I get into a shelter with my kids. You don't even talk the language, you need an interpreter, your mother and father must be so ashamed of you. I talked to the other organizations, they're not helping me either, but they're not from my country. You were born in my country, even if you can't speak the language any more. You said this organization helps people from our country.

CASE MANAGER: Our program manager has doing everything we can, we're trying to help assure your safety. Right now the system won't allow us to go any further with your protection.

DV CLIENT: You don't care about my safety! You don't care about our people!

CASE MANAGER: I can tell you we've contacted every shelter in DC, you know all the steps we've taken together in the last hour, but now we need to wait. We just can't help you right now, that's all.

DV CLIENT: It's taking too long, too long!

CASE MANAGER: Well, the shelters may not be able to get back to us in an hour. But we're trying our best, we're doing everything we can.

DV CLIENT: It's because we're [*say Vietnamese or Ethiopian or whatever country the client is from*]. Nobody wants to help us because we're [*Vietnamese*].

CASE MANAGER: Honestly, we're very concerned about your safety. We want you safe!

DV CLIENT: (*crying*) You don't care, you don't want to help us, all those other organizations, they don't like us either, they don't want to help us because we're [*insert the relevant ethnic or national group*]. We'll never get the help we need, we'll always be in danger.

CASE MANAGER: But I just told you everything we've done today. It's the system that can't respond that fast. It's the system that won't allow us to go further to protect you. We're trying every way we can.

Role Play #3: Prescriptions After a Rape

Note: *This scene takes place at the hospital after the rape exam and evidence collection have been completed. The advocate, survivor and interpreter are waiting for the SANE nurse to bring medications into the room. The survivor is Muslim, but because she doesn't wear a head scarf or other traditional Islamic clothing (all the service providers, including the police officer and detective, have been women), the advocate **might** not realize she is Muslim.*

However, the interpreter IS aware that the survivor is Muslim. It is the fasting month of Ramadan, and the interpreter knows that many Muslims (even if religious doctrine might say otherwise) do not want to take medications during daylight hours in Ramadan. In addition, the interpreter is aware that many women would never accept to take the "morning after" pill if they feel it is like inducing an abortion. So the interpreter has to decide whether or not to perform a cultural mediation and, if so—what to say? Be prepared!

ADVOCATE: So PEP is a prevention medication for HIV, and really that is two separate medications called ISENTRESS and TRUVADA. And you will get three days' worth today in the hospital, and then tomorrow you'll get a call from one of the nurses that works with April, and she will have the rest of 25 days' worth of medication delivered to you at home.

SURVIVOR: And those are the only medications?

ADVOCATE: Well, I have a few other ones, they're tricky ones, and I want to let you know so you can get them down right now. Let's see, it's 3 a.m. right now. And it's important you take them exactly 12 hours apart. What time are you always up by?

SURVIVOR: Uh, 6 a.m.

ADVOCATE: And are you always awake at 6 p.m. in the evening?

SURVIVOR: Yes.

ADVOCATE: Then I'm going to put off having you taking this at the hospital. You can take it at 6 a.m. Does your phone have an alarm?

SURVIVOR: Yes.

ADVOCATE: Okay great, so how about right now we set an alarm for 6 a.m. and 6 p.m. because it's really important to take it at the same time every day and the ISENTRESS every day at 6 a.m. and 6 p.m.

SURVIVOR: But... *(to the interpreter)* Explain to her about Ramadan!

[Let the interpreter decide how to handle this request. Improvise accordingly. Then continue.]

SURVIVOR: Are there any more?

ADVOCATE: Yes, she'll bring the PEP and Plan B, which is the morning after pill, a pregnancy prevention pill.

SURVIVOR: Oh. *(looks away)*

ADVOCATE: You're right, some people get nervous about it. But it will prevent a pregnancy from taking place inside your body if the conditions are correct.

SURVIVOR: I don't understand...

ADVOCATE: Sure, it's a hard thing to understand. But it can take up to 72 hours to get pregnant after intercourse has occurred. There's a lot of conditions inside the body, and a lot of things have to be right for that to happen, so Plan B kind of makes it more difficult for the sperm to reach the egg and implant itself.

SURVIVOR: And I only have to take that once... *(to interpreter, whispering)* But how does it work? Does it kill the baby?

Activity 7.3 (a): Cultural Mediation: Going Right or Going Wrong?

INSTRUCTIONS

1. Your instructor(s) will now demonstrate cultural mediation techniques.
2. Watch the five scenarios.
3. After viewing all five scenarios, read the text below and decide whether you think the cultural mediation was performed appropriately or inappropriately. Be prepared to state why.

Note: *This activity is based on one of the three role plays above. Remember that the interpreter knows that, in the culture of this teen's country of origin, sexual abuse may not be discussed often, and for him to speak to a female advocate might be overwhelming or impossible. In addition, the level of shame for a male to be sexually abused or shamed could easily lead to ritual suicide.*

The boy was raped by a male high school teacher after the teacher took nude photos of him, and he is severely traumatized. He has just been to the hospital, has given a statement to police and had to deal with his extended family and his parents, who are furious with him and blaming their son for allowing the photographs. The father has just beaten the son and told him he'd be better off dead. The interpreter has interpreted all this for the police a few days before this meeting.

ADVOCATE: How have things been going? It seems like things might be a little rough at home.

VICTIM: *(hesitant voice)* Things are okay.

ADVOCATE: It feels like you're nervous or upset.

VICTIM: It's kind of confusing.

ADVOCATE: Sure that makes a lot of sense. Is there anybody that you feel safe talking to?

VICTIM: Not really. It's hard.

ADVOCATE: Have you been able to speak about this to anyone?

VICTIM: *(No answer. Long silence.)*

ADVOCATE: This seems pretty overwhelming, doesn't it

VICTIM: *(No answer. Long silence.)*

ADVOCATE: *(softly)* It must be hard at school.

VICTIM: *(No answer. Long silence. Turns to the interpreter.)* You know what it's like in our culture. You tell her. I can't talk about this.

Interpreter Mediation #1

(After interpreting, speaking to provider) I'm sorry but in this culture it's really serious to talk about things like this because it's so shameful. He doesn't want to talk about it. Plus, you're female and I'm female, so that's really a problem for him.

(To the survivor) I did what you asked me to.

In your opinion, was this cultural mediation appropriate or inappropriate? Why?

Interpreter Mediation #2

(After interpreting, speaking to survivor) Look, I know the provider is female and I'm female. Would you prefer a male provider and a male interpreter?

In your opinion, was this cultural mediation appropriate or inappropriate? Why?

Interpreter Mediation #3

(After interpreting, to the provider) The interpreter wanted to mention that there's a lot of cultural stigma around sexual assault in his culture that can even lead to suicidal feelings. You might wish to explore this with the client.

(To the survivor) I just mentioned that there's a lot of cultural problems about sexual assault in your culture that can even lead to suicidal feelings. I suggested she ask you about this.

In your opinion, was this cultural mediation appropriate or inappropriate? Why?

Interpreter Mediation #4

(After interpreting, to the provider) As the interpreter, I'm concerned there may be some sensitive cultural issues here related to the gender of the provider and the interpreter.

(To the survivor) As the interpreter I just shared with the provider that there may be some sensitive cultural issues here related to the gender of the provider and the interpreter.

In your opinion, was this cultural mediation appropriate or inappropriate? Why?

Interpreter Mediation #5

Note: *This private conversation takes place AFTER the session has ended; it is between the provider and the interpreter. The survivor has left.*

ADVOCATE: So what was going on in there? In his culture, is a female provider out of the question?

INTERPRETER: I really can't generalize. I'm not a cultural expert. I can tell you that I had some serious concerns about the risk of suicide related to the cultural stigma because of a lot of nonverbal cues I was getting, and that's why I spoke up. So you could explore it and find out if he wanted a male provider. But I can't say I know for sure what was going on culturally because every survivor is unique.

But I'm sure you know about the People's Center here in DC, and they do specialize in survivors and domestic violence and sexual assault in his ethnic group, so it might be helpful to speak with them about these issues. these issues.

In your opinion, was this cultural mediation appropriate or inappropriate? Why?

Activity 7.3 (b): I Am Not a Cultural Expert! I Am....

As you have explored in this module, service providers and survivors may think you, the interpreter, are a cultural expert. Of course, in reality the only cultural expert on the survivor is...the survivor.

However, it can sound negative simply to tell providers, other staff and clients, "I am not a cultural expert." So instead, find something more positive to say. For example, "I am a cultural resource," or, "I am from the same country as the client," or, "I am a cross-cultural communications specialist" (if you are).

Now using your own words, fill in the following blank:

"I am not a cultural expert—I am _____."

MODULE 8

TERMINOLOGY IN VICTIM SERVICES

LEARNING OBJECTIVES

LEARNING OBJECTIVE 8.1

Examine and practice setting-specific terminology for victim services.

LEARNING OBJECTIVE 8.2

Identify effective strategies to enhance knowledge of setting-specific terminology in victim services.

LEARNING OBJECTIVE 8.3

Review three specialized victim services and relevant terminology: emergency services, homicide survivor services and disaster behavioral health.

Activity 8.1 (a): Terms for Intimate Body Parts and Violence

INSTRUCTIONS

1. Stand up in pairs facing each other.
2. Be prepared to interpret.
3. Close this workbook.
4. Your instructor will read out, one by one, a number of body parts in high and low register, and then a number of acts of violence.
5. Take turns interpreting them to each other.
6. On the signal from your instructor, open this workbook, examine the list of terms you just interpreted, and note down in the blank lines below any terms that you had a hard time interpreting because you did not know the corresponding term and/or because you were emotionally taken aback by that term.

Terms I found hard to interpret

Terms for intimate body parts

Scrotum	Butt	Prick	Nipples
Vulva	Vagina	Cervix	Tampon
Penis	Balls	Dick	Cock
Boobs	Tits	Clitoris	Cunt
Anus	Butthole	Pussy	

Acts of Assault and Violence

Hit	Fling	Messed me up a bit
Slap	Wallop	Banged my head on a wall
Cuff	Kick	Made me touch his hard-on
Throw	Punch	Gave me a black eye
Spank	Pound	Threw me around
Smack	Bash	Forced me to give him
Beat	Knocked me out cold	a blowjob

Activity 8.1 (b): A Dual Glossary

INSTRUCTIONS

In pairs, examine the two-part victim services glossary provided and answer the following questions:

- a. Why is the glossary in two parts?
- b. How can the two parts help you?
- c. Which part will you use most often? Why?

a. _____

b. _____

c. _____

Activity 8.1 (c): Setting-specific Terminology – Practice

INSTRUCTIONS

1. Work with a same-working-language partner or in a group of three who share the same language pair(s), if possible.
2. Turn to the exercise below.
3. As a group, first read through the sentences for each section. Pick three or four sentences from each section that have terminology you find unfamiliar. Many of the sentences get harder as you go along, so be sure to read through to the end.
4. As a group, look up or provide each other with translations for the difficult terms in the sentences you selected. Write down any terms you are unfamiliar with and their translation.
5. Then, stand up and take turns interpreting the sentences, alternating one sentence for each group member at a time.
6. If you finish early, go back to the beginning and take turns interpreting the sentences that you did not interpret the first time around.

Mental Health/Psychiatric Evaluations

1. Are you now, or have you ever been, under psychiatric care?
2. Are you under the influence of any drugs, medication or alcohol?
3. Do you have a medical/psychiatric history that you feel is important for us to know about?
4. If you are presently taking any psychiatric medications, please provide a complete list.
5. Have you ever used any mind-altering drugs?
6. Have you ever completed a mental health intake interview?
7. Can you describe your feelings?
8. What kind of stress symptoms do you have (onset, duration & frequency)?
9. How would you generally describe your mood: labile, depressed, angry, sad, flat?
10. Have you had any unwanted sexual experiences?

Domestic Violence

1. Has anybody threatened or coerced you?
2. In general, how would you describe your relationship with your partner?
3. He threw me all around and roughed me up.
4. Are you in a relationship with a person who physically hurts or threatens you?
5. Has your partner ever abused you emotionally?
6. Has your partner ever hit you or physically hurt you?
7. My partner, she smacked me upside the head and told me I was a piece of shit.

8. After arguments with your partner do you ever feel down or bad about yourself?
9. Do arguments ever result in hitting, kicking or pushing?
10. Has your partner ever threatened to hurt you or someone close to you?
11. Has your partner or ex-partner ever hit, kicked, slapped, pushed or shoved you?
12. Are you currently or have you ever been in a relationship where you were physically hurt, threatened, controlled or made to feel afraid?
13. Do you ever get frightened by something your partner says or does?
14. Have you called a hotline?
15. The services offered are here group counseling services, legal advocacy and community education.

Sexual Assault

1. Have you or has anyone you know been a victim of sexual assault?
2. Do you want to report a sexual assault to law enforcement officers?
3. What, if anything, did the perpetrator say to you?
4. Of course I took a shower; there was “come” all over me.
5. Do you mean fellatio?
6. Did he insert his penis into your vagina?
7. Do you suspect a child has been sexually abused?
8. Have you been a victim of acquaintance rape?
9. Have you been a victim of male sexual violence?
10. He told me I was a fucking cunt, he said I had it coming and no one would believe me.
11. If you have been raped, you should make every effort to save anything that might contain the perpetrator’s DNA, so please don’t bathe or shower, use the restroom, change clothes, comb hair, clean up the crime scene or move anything the offender may have touched.
12. He made me suck him till he came.
13. Stranger Rape categories include three major categories known as Blitz Sexual Assault, Contact Sexual Assault and Home Invasion Sexual Assault.
14. Some pretty common reactions to rape are shock, numbness, loss of control, disorientation, helplessness, sense of vulnerability, fear, self-blame for “allowing” the crime to happen and feeling that these reactions are a sign of weakness. Anyone could have any of these feelings after a sexual assault.

Forensic Exams

1. Was any DNA evidence preserved?
2. Did you have a forensic medical examination done at the hospital?
3. Do you know what a PERK or a rape kit is?
4. Was the exam performed by a sexual assault nurse examiner (SANE) or a forensic nurse examiner?
5. You may receive prophylaxis medications as well as referrals for follow-up counseling, community resources and medical care.
6. The Physical Evidence Recovery Kit (commonly referred to as a “rape kit” or a “sexual assault kit”) is the collection of DNA and other forensic evidence collected and then turned in to law enforcement or the crime lab.
7. The contents of a sexual assault forensic exam may vary by state and jurisdiction; it may include items, such as instructions, bags and sheets for evidence collection, swabs, comb, envelopes for hair and fibers, blood collection devices and documentation forms.
8. Under the *Violence Against Women and Department of Justice Reauthorization Act of 2005*, states may not “require a victim of sexual assault to participate in the criminal justice system or cooperate with law enforcement in order to be provided with a forensic medical exam, reimbursement for charges incurred on account of such an exam, or both.”
9. Medical attention will also be paid to treating injuries, testing for pregnancy and sexually transmitted diseases. Medications to prevent sexually transmitted diseases and pregnancy and protect against HIV transmission may also be offered.
10. The “chain of custody” shows that the evidence was handled carefully and has not been tampered with in any way.
11. The head-to-toe, detailed examination and assessment of the entire body (including an internal examination) may include collection of blood, urine, other body secretion samples, hair, fingernail scrapings and photo documentation of injuries (such as bruises, cuts and scraped skin), collection of clothing (especially undergarments).
12. Semen can be detected on clothing despite washing.

Adult Protective Services (APS)

1. A vulnerable adult is defined as a person who is being mistreated or is in danger of mistreatment and who, due to age and/or disability, is unable to protect himself or herself.
2. Do you understand what happened to you?
3. Adult Protective Services (APS) are the services we provide to ensure the safety and well-being of elders and adults with disabilities. So that covers adults who are in danger of being mistreated or neglected, or can’t take care of themselves or protect themselves from harm and have no one to assist them.
4. In most states, APS caseworkers are the first responders to reports of abuse, neglect, and exploitation of vulnerable adults.

5. At APS, we're responsible for taking in reports of adult abuse, exploitation or neglect. We investigate those reports, but we also do a lot of case planning, monitoring and evaluation.
6. We might be able to arrange for legal, housing and supportive services, if you're interested.
7. I know that was a lot of questions I asked, but I had to be sure you understand the risks so you can give informed consent.
8. What I'd like to do now is develop a case plan.
9. Your daughter sounds very violent. You might need emergency shelter.

Child Protective Services (CPS)

1. Child abuse/neglect is physical or mental injury, sexual abuse, negligent maltreatment, or maltreatment of any child under age 18 by a person responsible for the child's welfare under circumstances that threaten or harm the child's health or safety.
2. CPS has 30 days to complete the investigation. Well, unless extenuating circumstances require an extension.
3. Will my husband be deported?
4. The CPS investigator will typically be reviewing documents like police reports, criminal history, medical reports, school reports, the CPS case file, those kinds of documents.
5. I don't understand what "indicated" and "substantiated" means.
6. So when you call the hotline for Children and Family Services Agency's (CFSA) hotline because you want to report a case of suspect child abuse, our first goal is to determine whether the allegation meets the legal definition of abuse or neglect.
7. Yes, you can file a report anonymously.
8. But our biggest priority is to ensure the safety of the children.
9. If the report doesn't meet the legal definitions of abuse or neglect but you need help, we can often refer the family to community services.

The statements above were adapted from sources that include:

- U.S. Department of Justice: Office on Violence Against Women.
<http://www.ovw.usdoj.gov>
- District of Columbia Child and Family Services Agency.
http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/teleconferences/CFSA_information.pdf
- The National Center for Victims of Crime.
<http://www.ncvc.org>
- LifeCentre, supporting survivors of rape and sexual abuse.
http://www.lifecentre.uk.com/police_info/gathering_forensic_evidence.html
- The National Center on Elder Abuse, Department of Health and Human Services, Administration on Aging.
http://www.ncea.aoa.gov/Stop_Abuse/Partners/APS/index.aspx

- Registry of Interpreters for the Deaf.
<http://www.rid.org/about-interpreting/standard-practice-papers/>
- Susan Walch and Robert J. Rotunda, Routine Screening, Assessment, and Triage for Domestic Violence in General Clinical Practice.
<http://uwf.edu/cap/DomesticViolence/materials/Walch%20and%20Rotunda%20-%20Routine%20Screening%20Assessment%20and%20Triage%20for%20Domestic%20Violence.pdf>

Activity 8.2 (a): Applying Research Strategies for Identification and Understanding of Setting-specific Terms

INSTRUCTIONS

1. Remain in the same pair(s) as for the previous activity.
2. Use the circled or underlined terms you had difficulty with in Activity 7.1 (c) and refer to the companion glossary for this manual as needed. Then
 - a. Write down at least 10 terms or phrases in 7.1 (c) in the lines below that you found hardest to interpret.
 - b. For each term, state if you think the term is difficult to interpret because
 - You understood the term but didn't know how to interpret it.
 - The term was hard to understand in English.
 - There is no real conceptual equivalent in the target language.
 - The term is jargon or slang.
 - The term is emotionally charged, and you might have trouble saying the interpreted equivalent out loud (e.g., sex acts, brutal terms).
3. Work with your partner to obtain intralingual (within the same language) and interlingual meanings or translations (in the target language) for all terms on your list.
4. Assess the context congruity: In other words, whether the translations you come up with are appropriate in a victim services context.

Activity 8.2 (b): Additional Terminology Research Strategies

INSTRUCTIONS

1. Read Part 7.2 of your manual.
2. Answer the following questions:
 - a. Which search engine/s do you commonly find most helpful for glossary building and why?
 - b. What about other online resources? Which ones do you think you might use in the future?
 - c. What about print resources? Which ones do you think you might use to expand your victim services terminology?
 - d. Discuss source reliability and why it matters.

Activity 8.2 (c): Terminology Role Play

INSTRUCTIONS

1. Act out the following role play according to the directions of your instructor.
2. Identify someone who will be responsible for writing down *any term that the interpreter did not know how to interpret*.
3. Keep interpreting until your instructor asks you to stop; if you complete the role play, begin again with another person playing the interpreter.
4. Afterward, in your group of three, discuss the terms that you found difficult to interpret and identify why they were difficult.

Role Play: Applying for Crime Victims Compensation

CLERK: (*friendly voice*) Hello, you've reached the Crime Victims Compensation Office. How may I help you?

CALLER: Hello, I want a rundown on your services. I want to know if I can get them.

CLERK: Well, in order to receive services, first we have to determine the legal requirements. That means that the crime has to be a felony or a classified misdemeanor that results in bodily injury or death to the victim, and the crime has just occurred in this jurisdiction or to a resident of this jurisdiction if that location does not have a similar Violent Crime Victim Compensation Program.

CALLER: Could you give me examples of what you mean? What is a violent crime?

CLERK: (*friendly voice*) Well, some examples are assault, battery, child abuse, domestic violence, sexual assault, DWI and homicide. Crimes involving a motor vehicle are eligible only if the driver of the vehicle is charged with driving while intoxicated or if the driver intentionally used the vehicle as a weapon.

CALLER: So, I lived in DC and it happened in DC. What do I have to do? I'm a victim, all right, but I'm not sure if I qualify.

CLERK: DC? You should have said so, it's not this office but I can give you that number.

(Caller calls up the DC Crime Victims Compensation Program.)

CALLER: I was the victim of a mugging in DC. Can I get any compensation for my medical injuries?

CLERK: In the District of Columbia, yes you're eligible if you suffered injury or death due to a violent crime committed in DC. Or if you're a resident there and suffered personal injury or death as a result of a terrorist act or act of mass violence committed outside of the United States. All of this is assuming the crime was reported to law enforcement within seven days after it happened.

CALLER: It happened in DC. But I don't know when it was reported.

CLERK: There are some exceptions to that rule. Victims of sexual assault are eligible if they get a sexual assault examination. Victims of domestic violence are eligible if they try to get a protection order. And the reporting requirement is met by victims of child cruelty if a neglect petition is filed in DC Superior Court.

CALLER: That doesn't apply to me. I'll find out when it was reported. But how long did I have to apply for this fund? I just heard about this yesterday.

CLERK: Well, if you file an application with the DC Crime Victims Compensation Program within one year of the crime, or within one year after you learn about the program, and you have proof you can show us that the delay was reasonable, and you didn't participate in, agree to or provoke the crime that caused the injury—you could be eligible.

CALLER: All right. What else am I supposed to do?

CLERK: They may need to know if you cooperated with law enforcement. With anything reasonable that law enforcement asked you to do to help them locate the person who committed the crime. Or if you sustained a physical injury

and incurred out-of-pocket medical expenses for treatment of that injury, then you'd need to provide copies of itemized bills for all services and receipts for any out-of-pocket expenses you paid. Now, this is important: Please be aware that no reimbursement can be made for expenses without this supporting documentation. There are limits to the total amount you may receive, and not all expenses are reimbursable.

CALLER: It sounds real complicated. Okay, so how do I apply?

CLERK: You need to fill out the application. It's available online and I can give you the website to download that. Then you submit it along with a copy of your DC police report, and any bills or receipts that you want reimbursed.

CALLER: Do I have to submit all this in person?

CLERK: No you can do it in person or by mail. Which information would you like?

CALLER: I'd like to mail it, please.

Activity 8.3: Role Plays in Specialized Victim Service Settings

Role Play #1: The Bomb and the Marathon Runner

INSTRUCTIONS

1. In groups of three, act out this role play as you have the previous role plays.
2. As before, the interpreter should not see the script.
3. Go through the *whole role play* with one person playing the interpreter.
4. Switch interpreters for the second role play.

Note: *The mother in this role play is speaking in a family assistance center: a recreation center that has been turned into a shelter for families of runners in a [fictional] Marine Corps marathon where a bomb went off and a half a dozen people died. Many more were injured. (It is important to understand that for every homicide, typically between eight and 10 other people are immediately affected by the death.)*

*The woman in question is a **homicide survivor**—her husband has died in the bombing. She was watching her husband in the race when the bomb went off. She has just identified his body at the morgue (the Office of the Chief Medical Examiner: OCME). The **responder**—a trained community-based volunteer—has come to meet her at the Greenwood Recreation Center and see how she is doing.*

RESPONDER: So how is it going?

WIFE: I don't—I really don't know. I haven't slept since it happened.

RESPONDER: (soft voice) I'm sorry to hear that. Did you make your identification yet?

WIFE: At the morgue? (chokes) Yes, it was awful. I didn't recognize him. It was just a photograph, but you know—what they looked like. They know it was him from the teeth and the clothes but—

RESPONDER: It's very tough. It would be so hard for anyone to go through what you're going through. Is that what brought you here?

WIFE: Here? I don't know. I think I'm here more for my kids than me. My kids are fighting all the time, they're scared. Sometimes they scream. They don't want to go to school.

RESPONDER: This looks like it is really difficult for you. There's a private room just down the hall. Your children could come too. Shall we go in there?

WIFE: Sure. *(They move away together.)*

RESPONDER: So you mentioned your kids have been fighting and screaming.

WIFE: Their daddy's gone. They don't get it. I don't get it. It just—it doesn't seem possible. One minute he's the picture of health. A hard worker, in great shape. His English is great too, not like me. Everybody likes him, he's so gentle and kind and funny. And now he's gone?

RESPONDER: Has anyone spoken to you about how to talk to your children about all this?

WIFE: No, no. Not yet.

RESPONDER: Would you like that? And some activities to do with your children or some help talking to them about what happened?

WIFE: Yes. Please.

RESPONDER: Okay, here's some information, and look, we're lucky, we do have it in your language so you can read it out loud to them. We also have it in English if you want both, so someone else in your family who prefers English can talk to them too. This gives you some basic information about how to talk to children about death.

WIFE: I— —thank you.

RESPONDER: We also might be able to get you some help paying for family counseling. Would you like us to get you that information?

WIFE: Someone would pay for that?

RESPONDER: That's up to the Victim Compensation program. But yes, in a lot of cases after events like this Victim's Compensation would pay for family counseling. I think it's up to about \$3,000 for adults and \$6,000 for children. Also for secondary victims. So that could mean anyone else in your family who saw what happened and who was traumatized by it. We'd be happy to get you help to apply if you're interested.

[Mom cries. Silence falls. Responder just sits there. Then the woman's breath starts to get short and sharp and filled with hiccoughs.]

RESPONDER: *(gently)* You know, we have a nice breathing exercise that's sometimes helpful at times like this. It might be helpful right now to take a little time to practice some breathing. Because that might help you relax. Just breathe in through your nose and count to five, hold your breath for the same count, and then let it out on a count of seven. Let's do that together three times, like this.

[They breathe together.]

RESPONDER: Listen, I don't want to take up all your time when you have so much you're coping with. And your kids. Is there anything else you want to talk about?

WIFE: No, no. I'm really—I feel kind of lost.

RESPONDER: Where are you going to go now?

WIFE: I think we're ready to go home.

RESPONDER: Do you have someone to talk to when you go home?

WIFE: No, just my kids.

RESPONDER: Is there a good friend or a relative you could call?

WIFE: Yeah, I guess, there's my friend Alina.

RESPONDER: Would that make you feel better? To talk to Alina?

WIFE: Yeah, I guess it would, actually. And there's my cousin Maria, too. She's always really kind and somehow she always makes me smile even when I'm sad or sick. She just has a really big heart.

RESPONDER: That sounds great. Do you have everything you need to eat and take care of yourself?

WIFE: Yes, yes.

RESPONDER: And after calling your friend and your cousin and having supper, what will you do?

WIFE: Oh, just go to bed. I haven't slept since it happened, I really have to sleep.

RESPONDER: That sounds like a good plan.

Role Play #2: My Stepsister Was Killed

INSTRUCTIONS

1. Do not let the interpreter see the script.
2. Be aware that at one point in the script, the person playing the witness (the stepbrother or stepsister of the homicide victim) will break down crying and be utterly incomprehensible. Be ready to babble anything to force the interpreter to interrupt this emotional person to ask for a pause or repetition.
3. Everyone can read the first part—the introduction to the role play—but instruct the interpreter NOT to read the role play itself.
4. Remember: A homicide survivor is a family member or loved one of a murder victim.

Note: *What you see below is a general preamble to the real questioning of a witness of a homicide by the detective on the case. A former boyfriend came and shot the stepsister of this homicide survivor (who is a man, but a woman could play the man). The stepsister and her children were living with this witness.*

A detective in such cases would not immediately approach a family member and say (for example), “So your sister was shot and killed,” in the middle of the emotional chaos in the home. Instead, the detective would typically ease his or her way into the line of questioning to allow the person to become comfortable with the questions.

In fact, what the detective is doing here is building a rapport with the individual, and the way he builds such rapport might include mirroring some of their mannerisms or some of the homicide survivor’s actions. For example, if the person that person is looking down and clearly trying to think and find words, the detective might say to help gain the person’s confidence, “I know this is hard for you. I want you to take your time answering the question.” Then, as they go along, the detective may ask harder, more probing and pointed questions.

Also, if the scene is loud or chaotic, or other individuals are within earshot, the detective may bring the witness to a more private area to talk. It is important to separate the witnesses so that they don’t hear each other’s stories, to be sure they are reporting only what each individual really heard or saw without being influenced by other witnesses.

DETECTIVE: I’m Captain Rodriguez of the homicide branch. I’m sorry to about the loss of your family member.

WITNESS: Thank you, thank you.

DETECTIVE: I know you’re going through a hard time, but I want you to understand we want to bring this case to a close. We want to arrest the individual that did this crime against your loved one.

WITNESS: Yes, yes, please. Please find this—this monster.

DETECTIVE: I also want you to know we’re here to investigate the case fully, but we really need your help. It’s my understanding you were a witness or you may have information regarding this violent crime.

WITNESS: I was there but.... Honestly, this is just—it doesn’t even feel real. I can’t believe it. I can’t believe she’s gone. She was so beautiful, so kind. And her children—I just don’t—

DETECTIVE: I understand it’s a hard time for you and your family right now, but we really need to get some information from you to ensure that we actually have a clear time line so we can bring this case to a close. I know this is going to be difficult for you, but we really need to talk to you.

WITNESS: I—well—okay.

DETECTIVE: So this person was your sister?

WITNESS: Not my blood sister. My stepsister. But we are close.

DETECTIVE: How long have you known her?

WITNESS: Since she was little! I used to iron her diapers. I was her big brother.

DETECTIVE: So you have a good relationship with this family member?

WITNESS: She is the light for all of us. She always smiled, she laughed, she cooked for us, she took care of us when we got sick.

DETECTIVE: Can you walk me through what occurred just before her boyfriend came here? We need to know exactly what happened.

[The homicide survivor starts to cry and says all kinds of incoherent things about seeing the stepsister being shot, and this type of speech should oblige the interpreter to interrupt. In other words, if you are playing the witness, don't speak coherently again or read the script below until the interpreter requests you to pause and slow down.]

WITNESS: *(blurts out)* Are—are you going to report us to immigration?

DETECTIVE: No. It's the policy of MPD [*Metropolitan Police Department*] that we don't ask about your immigration status. It really doesn't matter to us. Our main objective is to catch this particular suspect that committed this crime. I'm not going to ask about your immigration status—I need to bring this crime to a close. Look, let's go into that quiet room over there, there's a lot of noise in here.



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